118000266821

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
L –
(Business Entity Name)
(Business Entity Name)
(December 1)
(Document Number)
Contilination of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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O ERUCE

COVER LETTER

TO:		istration Sec sion of Corp								
emb m	CT.	Discover L1	LLC							
SUBJE	.CT:		Name of Lim	ited Liability Compan	y					
The enc	closed	Articles of A	mendment and fee(s) are sub-	mitted for filing.						
Please r	return	all correspon	dence concerning this matter	to the following:						
			BATYA KRAMER							
				Name of Perso	n					
			DISCOVER L1 LLC							
				Firm/Company	<i>,</i>	· · ·				
			1075 NE 177TH TERRAC	E						
			NORTH MIAMI BEACH,	Address FLORIDA, 33162						
			BATYAKRAMER@GMAI							
				to be used for future a	nnual rej	port notification)				
For furt	her in	formation cor	ncerning this matter, please ca	ıll:				<u>:</u> : `	125 125 125	₹ 7 %
BATYA	۸ KR.	AMER		646 at (318-8 (_					4
		Name of I	Person	Area Code	;	Daytime Telephone	· Number		17 PX	
Enclose	d is a	check for the	following amount:					1	15.	• •
■ \$ 25	.00 F	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Copy (additional copy	ру	(load)	Certified C	of Status &		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISCOVER LT LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 11/14/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		the name of the
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street address	
	, Florida	7
	City	Zip Code v
New Registered Agent's Signature, if changing Registered	l Agent:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BATYA KRAMER	1075 NE 177TH TERRACE NMB, FL, 33162	
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change
			Add
			Remove
			☐ Change
			□ Add
			Remove
			Change
			□ Remove → C
			□ Change
			Add
			□ Remove
			□ Change

Effective date, if other than the date of filing: (optional)

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00