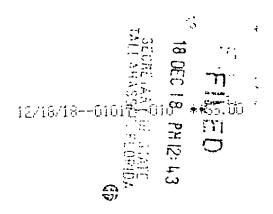
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## **COVER LETTER**

TO:	Registration Se Division of Cor				
cun u	LBT Meyer	rs LLC			
Name of Limited Liability Company					
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Anthony Meyers			
		LBT Meyers LLC	Name of Person		
		521 Honey Locust Lane	Finn/Company		
		Ponte Vedra Beach, FL, 32	Address 2082		
		twmeyers12@gmail.com	City/State and Zip Code		
		E-mail address: (	to be used for future annual report notific	cation)	
For fur	ther information o	oncerning this matter, please co	all:	. 4.	٠
Antho	ny Meyers		203 <b>253-3922</b>	<u>1</u>	
	Name o	f Person		Telephone Number	
Enclos	ed is a check for the	ne following amount:			
□ <b>\$</b> 2	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is a	tus &

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

LBT Meyers LLC		
(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	nany were filed on December 6, 2018	and assigned
Florida document number L18000281146		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	18 0 51.0 74.1.1
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC" or t	the abbreviation E.L.C.
Enter new principal offices address, if applicable:	<del></del>	77.5 CO 1
Principal office address MUST BE A STREET ADDRESS	5)	- F B B
		12:
Enter new mailing address, if applicable:		ි ම
Mailing address MAY BE A POST OFFICE BOX)		
<ol> <li>If amending the registered agent and/or registered egistered agent and/or the new registered office address</li> </ol>		nee the mane of the nee
Name of New Registered Agent:		- 1
New Registered Office Address:		
	Enter Florida street address	
···-	, Florid	
	Cirv	7in Code

## New Registered Agent's Signature, if changing Registered 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>	<u>Address</u>	Type of Action
MGR	Anthony Meyers	521 Honey Locust Lane, Ponte Vedra Beach, FL, 32082	
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December 6, 2018	
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or mor Note:  If the date inserted in this block does not meet the applicable statutory filing a document's effective date on the Department of State's records.	chan 20 days after liling.) Pursuant to 605,0207 (3)(b equirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective <b>tin</b> (b) The 90th day after the record is filed.	
Dated December 14 . 2018	
Signature of a member or authorized representative o	a member
Anthony Meyers	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00