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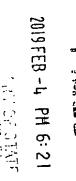
(R	Requestor's Name)
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PICK-UP	☐ WAIT	MAIL
(E	Business Entity Na	ame)
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C. GOLDEN FEB 1 1 2019

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lady Ambassadors of Today ILC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Monique L Geathers Name of Person	
Lady Ambassadors of Today, LLC Firm/Company	
1619 Cabbage Key Drive	
Ruskin Fl 33576 City/State and Zip Code	
E-mill address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Monique L Geathes at (941) 527-2310 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

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

FILED

2019 FEB -4 PH 6:21

(Name of the Limited I	SSa dors Liability Compan Florida Limited Li	of Today L y as it now appears on our re- ability Company)	CC TATE TASTATE
The Articles of Organization for this Limited Liabi		vere filed on <u>Sanuac</u>	1,2019 and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of the Lacy Ambassado The new name must be distinguishable and contain the words			<u> </u>
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	y Company," the designation "	L.I.C." or the abbreviation "L., I., C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>\X</u>)		
B. If amending the registered agent and/or registered agent and/or the new registered office			ords, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street ad	dress
			Florida
		City	Zip Code
Now Desistand Agent's Signature (Cabonaine Desi			

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action

			□ Remove
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe l <u>ote:</u> -i	ve date, if other than the date of filing:
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	1/11/ 2019
	Mane Y 1 th
	- Alather
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00