C19000039877

(R	equestor's Name)	
(A	ddress)	
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(Ci	ity/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(B	usiness Entity Na	me)
(Dr	ocument Number	<u>,</u>
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Con			
Chris Lane SUBJECT:	., LLC		
30 55 201	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Shawna Lane		
		Name of Person	
	Chris Lane, LLC		
		Firm/Company	
	P.O. Box 104		
		Address	
	Panama City, Florida 3240	02	
	chrislanellc@yahoo.com	City/State and Zip Code	
	*	(to be used for future annual report	notification)
For further information of	concerning this matter, please o	rałl:	
Shawna Lane		850 532-5342	?
Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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 Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address	=
Division of C		Registration Division of (
P.O. Box 632	•		of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chris Lane, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record I Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{\text{L}19000039877}{\text{L}}$.		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Bull amending the registered agent and/or registered office	e address on our records, enter	the name of the new registere
Name of New Registered Agent:		
Name of New Registered Agent:		
New Registered Office Address:		
20 SINI	Enter Florida street addres	2:
	Flo	orida
	City	Zip 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
AMBR	Jesse Lane	P.O. Box 104	≅ Add
		Panama City, Florida 32402	
			□ Change
			□Add
			□ Remove
			□Change
			□Add
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<u>lote:</u> If tho	ate, if other thar date is listed, the date date inserted in the effective date on t	his block does	not meet the app	rior to date of filir plicable statutor	ng or more than 90 y filing requirer	(optional) days after filing.) Pu ments, this date wil	rsuant to 605.0207 I not be listed as
record spe I is filed.	cifies a delayed eff	fective date, bu	it not an effectiv	e time, at 12:01	a.m. on the ear	lier of: (b) The 90	Oth day after the
ated May	30		2024	<u> </u>)	
_		<u></u>			X	Jul	
			of a member or a	uthorized represe	ntative of a Inemb	p.ph.	
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Filing Fee: \$25.00