## L19000093608

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## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT: LANIER		nited Liability Company	<u> </u>	
	Amendment and fee(s) are sub	•		
Please return all correspondence	ondence concerning this matter THOMAS LANIER	to the following:		
	LANIER PROPERTIES	Name of Person		
	304 PRUDENCE LANE	Firm/Company	2818 HAT	
	PANAMA CITY, FL 3	Address 2408		ードドラ
	TLANIER21@OUTLOOK.		60 03	•
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report notif	fication)	
THOMAS LANIER Name of	of Person	at (760 ) 975-4123 Area Code Daytime	e Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fcc	☐ \$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)	
	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## DocuSign Envelope (D: \$44238E8-07A8-4032-9689-097E7C848A83 **ARTICLES OF AMENDMENT** TO ARTICLES OF ORGANIZATION **OF**

LANIER PROPERTIES LLC	No. Comments
(A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (	Company were filed on 04-10-2019 and assigned
Florida document number <u>L19000093808</u>	<u></u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	304 PRUDENCE LANE
(Principal office address MUST BE A STREET ADD.	RESS) PANAMA CITY, FL 32408
Enter new mailing address, if applicable:	304 PRUDENCE LANE
Mailing address MAY BE A POST OFFICE BOX)	PANAMA CITY, FL 32408
	٠. ليا
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office ado</li> </ol>	istered office address on our records, enter the name of the
egistered agent and/or the new registered office add	aress nere:
Name of New Registered Agent:	
New Registered Office Address: 304	4 PRUDENCE LANE
	Enter Florida street address
PANA	AMA_CITY, Florida32408
	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

DocuSign Envelope ID: 944238E8-07A8-4032-9689-097E7C848A83 in amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N $AMBR = A$	IGR = Manager MBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
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		<del></del>	☐ Remove			
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Effective date, if other than fan effective date is listed, the dat Note: If the date inserted in the document's effective date on the	e must be specific an his block does not	d cannot be prior to meet the applical	date of filing or mole statutory filing	ore than 90 days after	tional) er filing.) Pursi ils date will n	uant to 605.0 not be listed
e record specifies a del The 90th day after the	ayed effective record is filed	date, but not	an effective t	ime, at 12:01	a.m. on th	ne earliei
Dated MAY 10		, 2019	_ •			
	thomas lanier					
			zed representative			

Page 3 of 3

Filing Fee: \$25.00