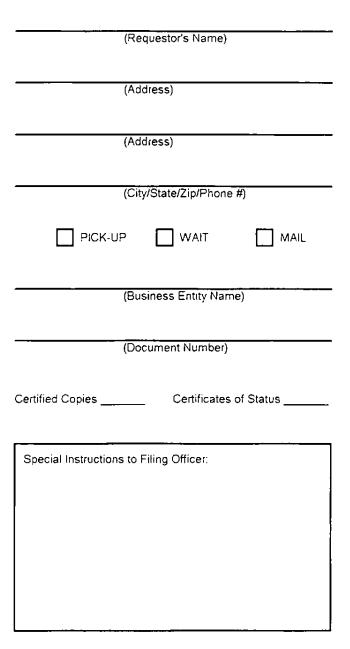
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LINEAGE FINANCIAL SERVICES 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:
LEONA SOLOMON Name of Person
Firm/Company
23/2 TALLAHAGSEE DR
WEST PALM BEACH FL 33409  City/State and Zip Code  RODLEF 2856 @ AOL- COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LEONA SOLOMON at (56) 351 - 1949  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee
Mailing Address:  Registration Section  Street Address:  Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LINEAGE FIN	ANCIAL  iability Company as i	SERVICES t now appears on our record y Company)	<u>u</u> <u>u</u>
The Articles of Organization for this Limited Liabil Florida document number L1900125	ity Company were		
This amendment is submitted to amend the following	ıg:		
A. If amending name, enter the new name of the  LNEAGE FINANC  The new name must be distinguishable and contain the words	JAL EN	TERPRISE	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	2:		2024 APR 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>		PH 12: 20
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ss on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addres	ss
, <del>-</del>			orida
	C	lity	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>	Address	Type of Action
			DAdd
			Remove
			□Add
			□Remove
			□Change
			□Add
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Note: If the date inserted	than the date of filing:  the date must be specific and cannot be prior to date of filing or more than in this block does not meet the applicable statutory filing require on the Department of State's records.	(optional) n 90 days after filing.) Pursuant to 605.0207 ( rements, this date will not be listed as t
record specifies a delayed is filed.	ed effective date, but not an effective time, at 12:01 a.m. on the o	earlier of: (b) The 90th day after the
10011	24 , 2024.	
Dated APRIL	A Din 11	
Pated KPKIL	Signature dia member or authorized representative of a me	<del>_</del> :mber

Filing Fee: \$25.00