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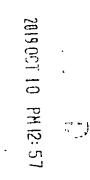
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R. WHITE OCT 29 263

## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	Lisa S. Wri	ght L.L.C.		
		Name of Lim	nited Liability Company	
The enclosed	f Articles of.	Amendment and fee(s) are sub	omitted for filing.	
Pl <del>e</del> ase return	all correspo	ndence concerning this matter	to the following:	
		Lisa S. Wright		
			Name of Person	<del></del>
		Lisa S. Wright L.L.C.		
			Firm/Company	<del></del>
		3490 Mariners Way		
		<del></del>	Address	<del></del> _
		Vero Beach, FL 32963		
		lisa@seaturtlere.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Lisa S. Wrig			772 696-2608 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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 ADDRESS:

TO:

Registration Section

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

Lisa S. Wright L.L.C.

201500 10 PM 12: 57

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

he Articles of Organization for this Limited Liabilit	ty Company were filed on June 27, 2019	and assigned
lorida document number L19000168663	·	
his amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words "	'Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable:		<del></del>
Mailing address MAY BE A POST OFFICE BOX	1	······
Mailing address MAY BE A POST OFFICE BOX		
		<u>,,,                                   </u>
3. If amending the registered agent and/or re	egistered office address on our records, <u>en</u>	
3. If amending the registered agent and/or re	egistered office address on our records, <u>en</u>	
3. If amending the registered agent and/or re	egistered office address on our records, <u>en</u>	
3. If amending the registered agent and/or registered agent and/or the new registered office a  Name of New Registered Agent:	egistered office address on our records, <u>en</u>	
3. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>en</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office a  Name of New Registered Agent:	egistered office address on our records, <u>en</u> address here:	ter the name of the

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, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

	Manager	
AMBR =	Authorized Member	Owner/Member

Title J.	Name Lisa S. Wright	Address 3490 Mariners Way, Vero Beach,	Type of Action
<del></del>	-	F1. 32963	
			□ Remove
			☐ Change
			🗆 Add
			☐ Remove
			☐ Change
			Remove
			Change
		<del></del>	☐ Remove
			Change
			Add
			Remove
			Change
			Remove
			Change

• •	Owner/member-Lisa Suright
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2 12004	tion divage (Coaling all coaling all coaling and coali
(If an ef	ive date, if other than the date of filing:
	ent's effective date on the Department of State's records.
	cord 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.
Dated	10-7 2017
	2019  Zosc. S. William Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Lisa S. Wright

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00