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TO:	Registration Se Division of Cor		۶۰		3	
SUBJ	ect: Lon	g. L.V. Lingo Name of Limi	Ent. L	LC		
		Natio Of Emili	icu manify company			
The er	iclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.			
Please	return all correspon	ndence concerning this matter t	o the following:			
		Shel	LON SW Name of Person	1: H		
		Long.	L.V Ling	o En	t, LLC	
		3826 C	alibre 1	3end	Lane	4pt 131
		Winter 1	Park FL City/State and Zin Co	, 32 ^r	792	
		Longliv Lin	90 @ 9mg	al report notificat	ion)	
For fur	ther information co	oncerning this matter, please ca	11:			
<u></u>	shelton	Sm.74	at (_ <u>803</u>)_	714-	3783	
	Name of	Person	Area Code	Daytime Te	dephone Number	
Enclos	ed is a check for th	e following amount:				
□ \$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		S60.00 Filin Certificate of Certified Co (additional cop	of Status & ppy
	Mailing Address Registration S			Address: stration Section	on .	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Long. L.V. Lingo	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L19000175285</u>	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	Office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMB</u> R	Fierran Watts	3826 Calibre Bend L	
		APT 1311, Winter Purk	□Remove
		FL 32792	□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
		<u></u>	□Change

_	I am adding Fierran Watts as a
_	Member OF Long. L.V. Lingo Ent LLC
_	I am adding Fierran Watts as a member OF Longitivitingo Ent LLC nothing else Changes.
_	
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(If an effi Note:	ve date, if other than the date of filing:
	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.
Dated .	12-6-19
	Signature of a member or authorized representative of a member
	Typed or printed name of signee