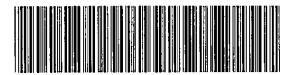
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(Requestor's Name)
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LSVL, LLC SUBJECT:			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	·.
Please return all correspon	ndence concerning this matter	to the following:	120 mm
	Christina Meintosh		
		Name of Person	
		Finu/Company	····
		Address	·
	Mac Car E-mail address: (City/State and Zip Code M 7 @ Com Ca ST. I to be used for future annual report noti	UCT fication)
For further information co	oncerning this matter, please ca	nll:	
Christina Name of	MCIATOSA Person	at (<u>904</u>) <u>254</u> . Area Code Daytim	9574 e Telephone Number
Enclosed is a check for th	e 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 circlosed)
<u>Mailing Address</u> Registration S Division of Co	ection	<u>Street Address:</u> Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

TO ARTICLES OF ORGANIZATION OF

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ARTICLES	S OF ORGANIZATION	J.	44	
	OF		2	
1021-117			The state of the s	
LSVL, LLC				
	ty Company as it now appears on ou i Limited Liability Company)		and assigned a	
he Articles of Organization for this Limited Liability C lorida document number 1.19000219663		<u> </u>	and assigned	
his amendment is submitted to amend the following:				
If amending name, enter the new name of the limi	ited liability company here:			
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designati	on "LLC" or the at	obreviation "L.L.C."	
Inter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDR				
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our records	s, enter the nam	ne of the new registered	
Name of Nicoland Control				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		Florida		
	City		Zip Code	
iew Registered Agent's Signature, if changing Registered	d Agent:			
hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and concept the obligations of my position as registered ageing filed to merely reflect a change in the registere ompany has been notified in writing of this change.	omplete performance of my du gent as provided for in Chapte ed office address, I hereby conj	ities, and Lam j er 605, F.S. Or,	familiar with and if this document is	

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add

			□Change
			□ Add
			□Remove
			□Clunge
			□Add
			□Remove
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Note: II	re date, if other than the stive date is listed, the date in fithe date inserted in this but is effective date on the light.	block does not mee	t the applicable	ate of filing or more statutory filing re	(option than 90 days after fil equirements, this d	al) ling.) Pursuant to 605,020 late will not be listed as
ne record ord is filed	specifies a delayed effecti d.	ve date, but not an	effective time.	at 12:01 a.m. on i	he earlier of: (b)	The 90th day after the
	lanuary 15		2020			
		JAK)			
						
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	Christina Meintosh	Signature of a filer	noer or anmorize	d representative of	i member	