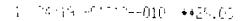
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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #	· · · · · · · · · · · · · · · · · · ·
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	Lirosa LLC			
SUDAI		Name of Lim	ited Liability Company	_ -
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Francis Rogers Dixson, Jr.		
			Name of Person	
		Lirosa LLC		
			Firm Company	
		1827 Durand Mill Dr., NE		
			Address	
		Atlanta, GA 30307		
			City/State and Zip Code	
		rdixson@edai.com		
		E-mail address: (to be used for future annual report notifi	ication)
For fu	other information c	oncerning this matter, please c	all:	
Roger	es Dixson		404 771-0368	
	Name o	f Person		Telephone Number
Caralina	ood oo ahaada Cae d	k. f. H. main a mannat		
		he following amount:	O comment of the	El San on Elling Co.
₩ \$2	5.00 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 enclosed)

MAILING ADDRESS:

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

Lirosa LLC		禁止一册
(<u>Name of the Limited Liability C</u> (A Florida Lu	Company as it now appears on our records. mited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Com- Florida document number $\frac{119000231776}{2}$.	npany were filed on September 13, 2019	9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)		or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florada street address	
		rida
	City	zap come

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
AMBR	Sarah Tomlinson Dixson	6 Fountain View Terrace, #207 Greenville, SC 29607	≅ Add
			□ Remove
			☐ Change
AMBR Elizabeth Diason Edwards	Elizabeth Dixson Edwards	8543 Middleton Point Ln Edisto Island, SC 29438	Add
		Remove	
	<u> </u>	🗆 Change	
		□ Remove	
		Change	
		Add	
			□ Remove
			☐ Change
		Remove	
			Change
			Remove
			_ Change

		<u> </u>	,	
				
		<u></u>		
Difference date if ather than the	ho doto of filing:		(antianal)	
Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applicab	date of filing or more than 90 dd le statutory filing requiremen	nys after filing.) Pursuant to 605, hts. this date will not be liste	0207 (3 d as th
the record specifies a delay) The 90th day after the re		an effective time, at 12	2:01 a.m. on the earlie	r of:
Dated October 1	, 2019			
Fasif	. 1			
-177 (XIII	Signature of a member or authoria			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00