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GEORGIANA CONTRACTOR

## **COVER LETTER**

	istration Sectision of Corp			
SUBJECT:	Lindsay Sells	Jax, LLC		•
30b)ECT.	, u	. Name of Limit	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	dence concerning this matter t	o the following:	
		Lindsay Ellis		
			Name of Person	
			Firm/Company	<del></del>
		4249 Ripken Circle E		
			Address	
		Jacksonville, FL 32224		
		Lindsay Ony E-mail address: (b	City/State and Zip Code  MA + AD   Y + A   + U.  o be used for future annual report notif	COM ication)
For further in	nformation co	ncerning this matter, please ca	ılı:	
Lindsay Elli			at (904 ) USS-	0729
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	a check for the	following amount:		
<b>■</b> \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahasses, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lindsay Sells Jax, LLC		
( <u>Name of the Limited Liat</u> (A Flor	pility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on December 19, 2019	and assigned
Florida document number L20000001928		72 <b>E</b>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	AM S
Lindsay Ellis, LLC		ිදු හ මුදු හ
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADD Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Maning address MAT BEAT OST OTT ICE BOAT		-
B. If amending the registered agent and/or registe	red office address on our records, enter the	name of the new register
agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	City	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
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			□Remove
			□Change
			□Add
			□Remove
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ve date, if other than the date of filing:	_ (optional)	
ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d. If the date inserted in this block does not meet the applicable statutory filing requirements	days after filing.) Pursua	nt to 605.020 it be listed a
ent's effective date on the Department of State's records.		
d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied.	er of: (b) The 90th	day after th
April 30, 2020.		
April 30, 2020.  Aud Sall Clls  Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a membe	:r	
'J		