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Office Use Only



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COVER LETTER

TO:

Registration Section

Div	ision of Cor	rporations			
SUBJECT:	Permits by	Lori, LLC	•	•	
JOINICE.		Name of Lin	nited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Lori Gross			
			Name of Person	· · ·	
		Permits by Lori, LLC			
		•	Firm/Company		
		3710 NW 84th Way			
			Address		
		Cooper City, FL 33024			
			City/State and Zip Code		
		lgatkensington@aol.com			
F 6	. C 1 ·		to be used for future annual	report notification)	
	itormation c	oncerning this matter, please c			
Lori Gross			954 55 at ()	3-3539	
	Name o	f Person	Area Code	Daytime Telepho	one Number
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy tadditional copy is end		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres		Street A		
Registration Section Division of Corporations			Registration Section Division of Corporations		
	. Box 632		The Ce	ntre of Tallahas	see
Tal	lahassee, F	1L 32314	2415 N	. Monroe Street	., Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Permits by Lori, LLC

2020 7 - 3 7 7 5 1

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on February 18, 2020 and assigned Florida document number 1.20000054611 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A 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.

City

__, Florida __

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Lori Gross	3710 NW 84th Way Cooper City, FL 33024	= Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
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			□Remove
			□Change

authorized person.			
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	February 18, 2	020	
ctive date, if other than the effective date is listed, the date must	date of filing:		(optional)
e: If the date inserted in this blo	ock does not meet the applicabl		
iment's effective date on the De	partment of State's records.		
ord specifies a delayed effective	date but not an effective time	at 12:01 a.m. on the earlier	of (b). The 90th day after th
filed.	date, but not an effective time	, at 12.01 a.m. on the carner	or. (b) The 30th day after if
	2020		
March 20 d	2020		
Low &	1 2000		
2) 00	Signature of a member or authorize		

Filing Fee: \$25.00