# L20000102638

(Requestor's Name)
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(Document Number)
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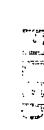


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SECREDARY CONTIN







TO: Registration Section Division of Corporations
SUBJECT: Online Products For you, LLC Name of Limited Liability Company,
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christna Ward
Online Products For you LLC
Duned in F2 34698 City/State and Zip Code
Christia @ Resale lecends. Cm E-mail address: (to be used for future annual report protification)
For further information concerning this matter, please call:
Ohristina Whed at (727) 109 G150  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee  & □ \$55.00 Filing Fee  & □ \$60.00 Filing Fee,  Certificate of Status

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 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Online Products Form (Name of the Limited Liability Co (A Florida Limit	mpany & it now appears on our records.) ited Liability Company)			
The Articles of Organization for this Limited Liability Comp Florida document number $\overline{L2000102}$	any were filed on 4 14 20	a	ınd aş	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited $ e   e   a   e $	liability company here: Lesends LLC			
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or th	e abbřevia:	[]	L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	SF	racing
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>	<del></del>	0.15279 
Enter new mailing address, if applicable:		함다. 전해. 조구		
(Mailing address MAY BE A POST OFFICE BOX)		řej	œ	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the n</u>	ame of t	<u>he ne</u>	ew registered
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida			
	City		p 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 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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record specifies I is filed.	a delayed effectiv	e date, but not	an effective	time, at 12:01	a.m. on the earl	ier of: (b)	The 90th	day afti	er the
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DatedZ	Sept		202	<u>. /</u> .					
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		Signature of a r	member or autl	iorized represei	tative of a memb	er			

Filing Fee: \$25.00