L20000109852

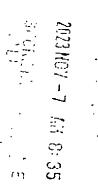
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COVER LETTER

Registration Section Division of Corporations

O:

JBJECT:	LILYZA, LI						
bolle i.		Name of Lim	ited Liability Company				
ne enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.				
ease return	all correspon	dence concerning this matter	to the following:				
	THI HONG LE						
			Name of Person				
		2023 KOV					
		Firm/Company					
			Address				
		Fort Lauderdale FL 33312					
		ω _{(ii} σ					
		ion)					
or further in	nformation co	ncerning this matter, please co	to be used for future annual report notificat	ion,			
INH LY, A	Authorized Re	presentative	832 535-8227				
	Name of	Person	at () Area Code Daytime Te	lephone Number			
nclosed is a	a check for the	following amount:					
≣ \$ 25.00 F	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)			
Reg Div P.C	iling Address: gistration Se vision of Co D. Box 6327 Ilahassee, Fl	ection rporations	Street Address: Registration Section Division of Corpora The Centre of Talle 2415 N. Monroe S Tallahassee, FL 32	rations ahassee treet, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lilyza, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) ne Articles of Organization for this Limited Liability Company were filed on 04/22/2020 and assigned orida document number L20000109852 his amendment is submitted to amend the following: . If amending name, enter the new name of the limited liability company here: ie new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable: <u> 1ailing address MAY BE A POST OFFICE BOX)</u> If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ecept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ring filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

removed from our records:

GR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
GR	THI HONG LE	2630 W Broward Blvd, Suite 335	🗆 Add
		Ft. Lauderdale FL 33312	■Remove
			🗆 Change
IBR	LILYZA REVOC.LIVING TRUST	2630 W Broward Blvd, Suite 335	= Add
		Ft. Lauderdale FL 33312	□ Remove
			□Change
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ective date, if other than the da effective date is listed, the date must be If the date inserted in this block ement's effective date on the Depa	specific and cannot be prior to date of fi does not meet the applicable statute	ling or more than 90 days a	otional) Her filing.) Pursuant to 605.02 this date will not be listed
ord specifies a delayed effective da filed.	ate, but not an effective time, at 12:0	01 a.m. on the earlier of:	(b) The 90th day after th
d	, 2023		
	12-11)		

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Filing Fee: \$25.00