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COVER LETTER

	tion Section of Corpor					
SUBJECT:	Lo-	Ammi	Richard	Ison, LLC ited Liability Company		··
			Name of Limi	ited Liability Company		
The enclosed Arti	icles of Am	endment and	I fee(s) are sub	mitted for filing.		
Please return all c	orresponde	ence concern	ing this matter	to the following:		
			Lo-A.	mmi Riche	irdson	
				Name of Person		
			Lo-Am	mi Richardso Firm/Company	m, LLC	
			725 N	orthlake Blu	d Apt #1	
				Address		
		AI	tamonte	Springs, Fo	<u> 32701</u>	
	-		loan mi	· Richardson at	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·
For further inform	nation conc	erning this m	natter, please ca	all:		
Lo-Am	mi 12	ichardso	ท	at (<u>407</u>)	312 8263	<u> </u>
	Name of Pe	rson		Area Code	Daytime Telepho	one Number
Enclosed is a chec	ck for the f	offowing amo	ount:			
S \$25.00 Filing	, Fee	□ \$30.00 Fil Certifica	ing Fee & te of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is ea		\$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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lo-Ammi Ri	chardson, UC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L20000121012</u> . This amendment is submitted to amend the following:	were filed on May 5, 2010 and assigned
A. If amending name, enter the new name of the limited liabi	lity company here:
Lo-Ammi Richardso. The new name must be distinguishable and contain the words "Limited Liabili	on & Associates, UC ty Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	Lo-Amni Richardson 1070 Montgomery Rd #2366 Altamonte Springs, FL 32719
	Altamonte Springs, FL 32714
Enter new mailing address, if applicable:	Lo-Ammi Richardson
Mailing address MAY BE A POST OFFICE BOX)	Lo-Ammi Richardson 1070 Montgomery Rd # 2366
	Altamonte Springs , FL 32714
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
Nam Dagistarad Agant's Signatura if abanging Pagistarad Agants	·

If Changing Registered Agent, Signature of New 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
			□Add
			□Remove
			□ Change
			□Remove
			☐ Change
			□Add
			Remove
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			Remove
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		<u> </u>	□Add
			□ Remove

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(If an effection Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Oth day after the record is filed.
Dated	April 13 2021.
	Signature of a member or authorized representative of a member

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