

120000 138186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

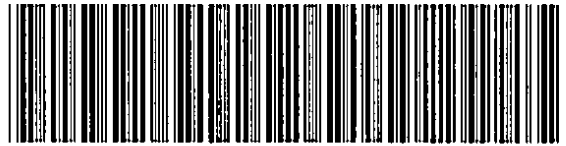
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DEC - 1 2021



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11/08/21--01030--009 **25.00

FILED
2021 NOV - 8 PM 3:18
CLERK OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OKALOOSA LAWN 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:

MICHAEL E. LUTZ
Name of Person

OKALOOSA LAWN LLC
Firm/Company

100 TANGLEWOOD COURT
Address

FORT WALTON BEACH, FL 32547
City/State and Zip Code

lutzmichael8@gmail.com
Email address (to be used for future annual report notification).

For further information concerning this matter, please call:

AMBER M. LUTZ at (865) 296-1718
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 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
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

OKALOOSA LAWN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Articles of Organization of this Limited Liability Company were filed on 05/21/2020 and assigned Florida document number L20000138186.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LUTZ DEVELOPMENT GROUP, LLC

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)

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:

Name of New Registered Agent:

AMBER M. LUTZ

New Registered Office Address:

Enter Florida street address

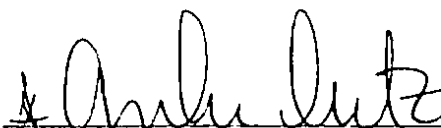
Florida

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

RECEIVED
2021 NOV - 8 PM 3:47
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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

GR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type/Action</u>
MGR	AMBER M. LUTZ	100 TANGLEWOOD CT	<input checked="" type="checkbox"/> Add
		FORT WALTON BEACH, FL	<input type="checkbox"/> Remove
		32547	<input type="checkbox"/> Change
MGR	MICHAEL E. LUTZ	100 TANGLEWOOD CT	<input checked="" type="checkbox"/> Add
		FORT WALTON BEACH, FL	<input type="checkbox"/> Remove
		32547	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

REQUEST ACKNOWLEDGMENT OF RECEIPT
of amendment. Please send via
email (preferred). LUTZMICHAEL8@gmail.com

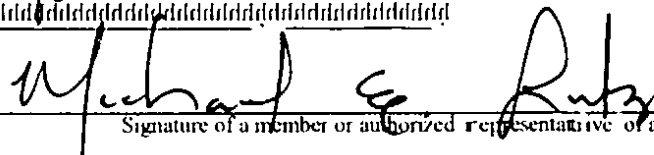
E. Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

11/03/2021


Signature of a member or authorized representative of a member

MICHAEL E. LUTZ
Typed or printed name of signee