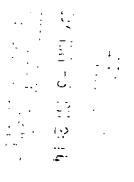
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Office Use Only



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#### **COVER LETTER**

TO: Registration Section **Division of Corporations** LIME LANE SERVICES LLC SUBJECT: 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: JODI RONEN Name of Person JG CONSULTING SERVICES, LLC Firm/Company 5481 WILES RD STE 502 Address COCONUT CREEK, FL 33073 City/State and Zip Code JODI@ACCU-TAX.TAX E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JODI RONEN Name of Person Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy is, (additional copy is enclosed) (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

LIME LANE SERVICES LLC (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  $\frac{07/15/2020}{1}$ and assigned Florida document number L20000205097 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CHARLOTTE M SCHOU, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: 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.

Cirr

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	CHARLOTTE M SCHOU	1091 SE 17TH ST #149	□Add
		FORT LAUDERDALE, FL 33316	□Remove
			□Change
			□ Add
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ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing  If the date invested in this block do so were an above to determine the file of the date of filing	(optional)	
- is the date discriber in this proce abox and lact the applicable statisform	y filing requirements, this date will not be li	05.0207 ( sted as t
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Filing Fee: \$25.00