

L20000211818

(Requestor's Name)

(Address)

(Address)

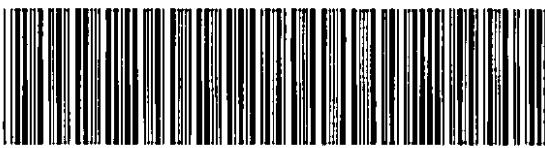
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: LT PROPERTY CO. 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:

STACEY MALONEY

Name of Person

THE LAW OFFICE OF STACEY MALONEY, PLLC

Firm/Company

435 12TH ST. W.

Address

BRADENTON, FL, 34205

City/State and Zip Code

stacey@sowalegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STACEY MALONEY	941	301-8877
Name of Person	at () Daytime Telephone Number
	Area Code	

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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**

LT PROPERTY CO, LLC

(Name of the Limited Liability Company as it now appears on our records) L20000211818 / 21
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/20/2020 and assigned Florida document number L20000211818

This amendment is submitted to amend the following:

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

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)

2605 72ND AVE. E., #34

ELLENTON, FL 34222

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2605 72ND AVE. E., #34

ELLENTON, FL 34222

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:

STACEY MALONEY

New Registered Office Address:

435 12TH ST. W.

Enter Florida street address

BRADENTON

City

Florida

34205

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.

DocuSigned by:

Stacey Maloney

D35A865645BB41B

If Changing Registered Agent, Signature of New Registered Agent

~~1. Appending. Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:~~
DocuSign Envelope ID: 2CBF6848-250D-40E3-901E-2681AE203CEA

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GLORIA GIACINTO	210 AVE 17 PT 7:21 605 RIVERVIEW DR ELLENTON, FL, 34222	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	STACEY MALONEY	435 12TH ST. W. BRADENTON, FL, 34205	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <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.)

20.0 AUG 17 PM 7:21

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.

8/10/2020

Dated _____

— Documented by

Gloria Giacinto

—61F7F377ABSF417

Signature of a member or authorized representative of a member

GLORIA GIACINTO

Typed or printed name of signee