LZO CCC 215323

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
	·	
(Do	ocument Number)	
ified Copies	_ Certificates	of Status
ecial Instructions to	Filing Officer:	
	Office Use Only	, ————————————————————————————————————



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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 4, 2020

LAWRENCE HERSBERGER HOW TO SAVE CHRISTMAS, LLC 16308 ROCK LAKE DRIVE ODESSA, FL 33556

SUBJECT: HOW TO SAVE CHRISTMAS, LLC

Ref. Number: L20000215323

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 920A00022055

1/16/20

COVER LETTER

1;

: Registration Se Division of Cor			
вјест: <i>- ј</i>	tow to Save G	hristmas LLC	
	Name of Lim	ited Liability Company	
e enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	Ser istmas UC Br 33556 de Save Aristmas. Com ual report notification) 870-6503 Daytime Telephone Number ce & Certificate of Status & Certified Copy (additional copy is enclosed)
	ondence concerning this matter		
use terain an eonespe		, 8	
	Lawrence	Hersberger Name of Person	
	,	Save Christma Firm/Company	ollc
	16308 1	• 1	
	16505 1	Address	
	Odessa	Florida 333	556
	sant	City/Stage and Zip Gode	christmas.com
	E-mail address: (to be used for future annual report notif	ication)
further information o	oncerning this matter, please co	all:	
Lawrence Name o	Hersberger	at (<u>336)</u> <u>870</u> Area Code Daytime	0-6503
Name o	f Person	Area Code Daytime	Telephone Number
closed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addres Registration		Street Address: Registration Sec	rtion
Division of C		_	
P.O. Box 632	27		
Tallahassee,	FL 32314	2415 N. Monroc	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

How to So	we Chr	istma	s, LLC			
(Name of the Limited Li (A Fl	ability Company orida Limited Lial	as it now appea oility Company)	rs on our recor			
e Articles of Organization for this Limited Liabili		ere filed on	07/22	/20	2 <u>D</u> and assig	med
is amendment is submitted to amend the followin						
If amending name, enter the new name of the	<u>limited liabilit</u>	y company <u>h</u>	ere:			
new name must be distinguishable and contain the words	"Limited Liability	Company," the	designation "LL	C" or the ab	breviation "L.L.	.C."
ter new principal offices address, if applicable	: .					
incipal office address MUST BE A STREET AI	DDRESS)	· -				
	-				20 KOV	
ter new mailing address, if applicable:	_					· · .
uiling address MAY BE A POST OFFICE BOX	<u>0</u> .				P .	·
					<u> မှာ</u>	.
If amending the registered agent and/or regist nt and/or the new registered office address he		dress on our i	records, <u>ente</u>	r the nam	e of the new	registered
Name of New Registered Agent:	Lawre	nce E	lersbe	rger	_	
New Registered Office Address:	16308	Rock Enter Flo	<u>Lake</u> rida street addre	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ive	
	Odess	City	, F	lorida <u> </u>	3355 k Zip Code	<u> </u>

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

GR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
+R	Martin A. Wathen	5332 Van Dyke Road Lutz, FL 33558	□ Add
		Lutz, FL 33558	BRemove
			Change
			□Add
			□Remove
			Change
			□Add
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			🗆 Change
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			□Remove
			□Change

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fecti	date, if other than the date of filing: (optional) ve 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 605.020
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 's effective date on the Department of State's records.
Hem	s effective date on the Department of State 3 records.
mel .50	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
iled.	
·	11/01/2020
	Signature of a member or authorized representative of a member