

120 0000 222 430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

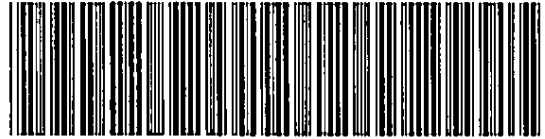
(Business Entity Name)

(Document Number)

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2021 SEP 13 AM 7:30  
TOLSON, J. L.

D BRUCE  
SEP 22 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LYNN M & M DEPOT 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:

GUERLINE CHARLES  
Name of Person

LYNN M & M DEPOT LLC  
Firm/Company

906 MEADOWS CIRCLE  
Address

BOYNTON BEACH FL 33436  
City/State and Zip Code

Cguerline2806@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUERLINE CHARLES at (561) 561-5079  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

2021 SEP 13 AM 7:30

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LYNN M & M DEPOT 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 JULY 27, 2020 and assigned Florida document number 120000222430.

This amendment is submitted to amend the following:

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

N/A

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)**

906 MEADOWS CIRCLE

BOYNTON BEACH, FL 33436

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

906 MEADOWS CIRCLE

BOYNTON BEACH, FL 33436

**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:

GUERLINE CHARLES

New Registered Office Address:

906 MEADOWS CIRCLE

Enter Florida street address

BOYNTON BEACH

City

Florida

Zip Code

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TALLAHASSEE, FL  
33436

**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.

N/A

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	GUERLINE CHARLES	906 MEADOWS Circle	<input checked="" type="checkbox"/> Add
		BOYNTON <sup>BEACH</sup> FLORIDA, 33436	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Guerline CHARLES	906 MEADOWS Circle	<input type="checkbox"/> Add
		BOYNTON BEACH, FLORIDA	<input checked="" type="checkbox"/> Remove*
		*2651 NE 1st Street	<input checked="" type="checkbox"/> Change
		BOYNTON BEACH FL 33435	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2022 SEP 1 AM 11:30  
MILWAUKEE, WI

2021 SEP 13 AM 7:30  
5 DOG TAG FALL  
FALL AIRBORNE FL

2021 SEP 13 AM 7:30

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.

Dated 09-08-2021, \_\_\_\_\_

Guerline Charles, AMBR.  
Signature of a member or authorized representative of a member

GUERLINE CHARLES  
Typed or printed name of signee