L20 000 227987

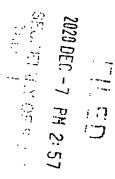
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, <i>,</i>
PICK-UP WAIT MAIL
(Business Entity Name)
(Stantas Entry Valley
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer;

Office Use Only



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JA-1/19/21

COVER LETTER

Division of Corporations		
SUBJECT: Lemon Drop Name of Lin	Shop LLC mited Liability Company	
The enclosed Articles of Amendment and fee(s) are su	ibmitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Lisa Ler	Name of Person	
<u>Lemon</u>	Drop Shop LLC	·
P. O. BOX	520776 Address	
	FL 3a 75a City/State and Zip Code	
Contactus E-mail address:	s Clemon drops hops (to be used for future annual report notif	ication)
For further information concerning this matter, please	call:	
Li5a Lemon Name of Person	at (404) 668-4 Area Code Daytime	4564 e Telephone Number
Enclosed is a check for the following amount:		
S25.00 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	Street Address: Registration Sec	ction
District of Comments and	District of Co.	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lemon Drop Shop	LUC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan	ny were filed on July 30, 2020	and assigned
Florida document number <u>L20000227987</u> .	`	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		2020 SE
(Principal office address MUST BE A STREET ADDRESS)		
		(5) F (1)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· 7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the na</u> i	ne of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fiorida 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

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
AMBR	Shayana Lemon-Brookins	272 E. Wildmere Ave.	≭ Add
	•	Longwood, FL 32750	□Remove
		 	□Change
			□Add
			□Remove
			□ Change
			□Ađd
			□Remove
			□Change
			□Remove
			□ Change
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			□Remove
			□Change
			□Add
			□Remove
			□Change

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an effec iote: If	e date, if other than the date of filing:
is filed	
ated _	December 1, 2020. Lisa Leman Typed or printed name of signee
	Lin Lee
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00