LZ0000228088

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COVER LETTER

	Registration Solivision of Col				
	April's Ans	swer, LLC			
SUBJEC	f:	Name of Lim	ited Liability Company		
The enclo	sed Articles of	`Amendment and fee(s) are sub	mitted for filing.		
Please reti	urn all correspo	ondence concerning this matter	to the following:		
		Lon Worth Crow IV Esq.			
			Name of Person	•	
		Lon Worth Crow IV PA			
		Firm/Company			
	211 North Commerce Avenue Address Sebring, Florida 33870 City/State and Zip Code				
		lonworthcrow@gmail.com	to be used for future annual rep	port notification)	
For furthe	r information o	concerning this matter, please c	·	per nouncumon)	
Lon Wort	th Crow IV		863 382-2	2374	
	Name o	of Person	at () Area Code	Daytime Telephone Number	
		he following amount:			
2 \$25.0	0 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 Addre Registration		Street Add		
	_		Registration Section Division of Corporations		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

26 in Al - 17 hillo: 50

April's Answer, 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 30, 2020 _____ and assigned Florida document number <u>L20000228088</u> 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 "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 _____, Florida ______ Zip Code City

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 2,329 At 17 (1110: 50	Type of Action
MGR	April D. Steingraber	4508 Maderia Avenue	≣ Add
		Sebring, Florida 33872	□Remove
			□Change
MBR	April D. Steingraber	4508 Maderia Avenue	≣ Add
		Sebring, Florida 33872	□Remove
MGR	April W. Steingrabel	4508 Maderia Avenue	□ Add
		Sebring, Florida 33870	Remove
			Change
MBR	April Steingrabel	4508 Maderia Avenue	
		Sebring, Florida 33872	Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			🗖 Remove
			□Change

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lu.	ly 30, 2020
tive date, if other than the date of filing:	optional) ot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
If the date inserted in this block does not meet t	he applicable statutory filing requirements, this date will not be listed
ment's effective date on the Department of State's	s records.
ord specifies a delayed effective date, but not an el	ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
filed.	receive time, at 12.01 a.m. on the earner or, (b) The 90th day after t
d August 14 . 20	<u></u>
$h \Lambda \overline{\Lambda}$	
Signature of a memb	er or authorized representative of a member