## LZU 000 233270

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## , COVER LETTER

Registration Section Division of Corporations

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JBJECT: LONNS ENTERPRIS	SES LLC d Liability Company
ne enclosed Articles of Amendment and fee(s) are submit	·
	·
Lonnie	Mobley Name of Person
LONNS ENTER	Aises LLC Firm/Company
2548 Indian	Avenue Suite C Address
Belleair Bloss	S FL 33770 City/State and Zip Code
Lonnsbiz a E-mail address: (to	Ocotonmaile com be used for future annual report notification)
or further information concerning this matter, please call:	:
Variessa Mobley Name of Person	at ( <u>5\3</u> ) <u>807-4583</u> Area Code Daytime Telephone Number
nclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status}	☐ \$55,00 Filing Fee & ☐ \$60,00 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 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

LONNS ENTERPRISE (Name of the Limited Liability Comp (A Florida Limited	S LLC pany as it now appear (Liability Company)	s on our records.)	8: 4:9
he Articles of Organization for this Limited Liability Compan orida document number <u>しる6000 a33a7o</u>			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :	
ne new name must be distinguishable and contain the words "Limited Liab	pility Company," the de	esignation "LLC" or the abbi	reviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )  . If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our ro	ecords, <u>enter the name</u>	of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	ida street address	
	200	Florida	Zip Code
	City		zıp Coae
ew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complet acept the obligations of my position as registered agent as ring filed to merely reflect a change in the registered officompany has been notified in writing of this change.	gree to act in this c te performance of provided for in C	my duties, and Lam fa hapter 605, F.S. Or, ij	miliar with and Ethis document is

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>itle</u>	<u>Name</u>	Address 2 3 5 5	○ 5 (Eype of Action
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ective date, if oth effective date is listed te: If the date insedument's effective	rted in this block	does not meet	t the applicabl	date of filing o	r more than 9 ling require	(optio 0 days after ments, this	<b>nal)</b> illing.) Pursuam date will not	t to 605,0207 ( be listed as t
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