## 120000 244341

| (Re                     | questor's Name)     |              |
|-------------------------|---------------------|--------------|
|                         |                     |              |
| (Ad                     | dress)              |              |
|                         |                     |              |
| (Ad                     | dress)              | <del></del>  |
|                         |                     |              |
| (Cit                    | y/State/Zip/Phone # | <del>/</del> |
|                         |                     |              |
| PICK-UP                 | MAIT                | MAIL         |
|                         |                     |              |
| (Bu                     | siness Entity Name  | <del>)</del> |
| •                       | ·                   | •            |
| (Do                     | cument Number)      |              |
| •                       | ,                   |              |
| Certified Copies        | Certificates o      | of Status    |
|                         |                     |              |
|                         |                     |              |
| Special Instructions to | Filing Officer:     |              |
|                         |                     |              |
|                         |                     |              |
|                         |                     |              |
|                         |                     |              |
|                         |                     |              |
| :                       |                     |              |
|                         |                     |              |





600354372966

11/35/20--01019--011 \*\*25.00

= : Çī 27

O SIMMONS DEC 1 4 2020

## **COVER LETTER**

Registration Section Division of Corporations

TO:

| SUBJECT: LYTEHOL                                     | D, LLC - "   |
|--|--|
|  | of Limited Liability Company   |
| The enclosed Articles of Amendment and fee(s) ar     | re submitted for filing.   |
| Please return all correspondence concerning this n   | natter to the following:   |
| G  | RENISIA WEST   |
|  | Name of Ferror   |
|  | LYTEHOLD, LLC Firm/Company   |
|  | 3013 E IDLEWILD AVE  |
|  | PA , FL 33610  City/State and Zip Code                                       |
|  | INISIAK@AMMIL.COM  Tress: (to be used for future annual report notification) |
| For further information concerning this matter, ple  |  |
| WEST, EVENISIA Name of Person                        | at ( <u>813</u> ) <u>212 - 6955</u><br>Area Code Daytime Telephone Number    |
| Enclosed is a check for the following amount:        |  |
| \$25.00 Filing Fee Solution See Sectificate of State |  |
| Mailing Address: Registration Section                | Street Address: Registration Section   |
| Division of Corporations                             | Division of Corporations   |
| P.O. Box 6327<br>Talłahassee, FL 32314               | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810                   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LYTEHOLD, LIC   |   |
|---|---|
| (Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears on our records.)<br>Jability Company)                                |
| The Articles of Organization for this Limited Liability Company  Florida document number <u>L20000244341</u> .  | were filed on $8/11/2020$ and assigned  |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited liabi  | ility company here:   |
| The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS) | ity Company." the designation "L.L.C."  ITOLE CUMBERLAND AVE  SUITE 201H  TAMPA, FL 33602 |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)   | SUITE 201H<br>TAMPA, FL 33602   |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:   | iddress on our records, <u>enter the name of the new registered</u>                       |
| Name of New Registered Agent: WES  New Registered Office Address:   | T, GRENISIA<br>E CUMBERLAND AVE SUITE 2011  |
| TAMP  | Enter Florida street address  Florida 33602  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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>   | <u>Address</u> | 150 -3 Fi. 5: 27 | Type of Action |
|--------------|---------------|----------------|------------------|----------------|
| AMBR         | Grenisia WEST | 3013 E         | IDLEWILD AVE     | ⊠Add           |
|              |               | TAMPA, F       | £ 33610          | □ Remove       |
|              |               |                |                  |                |
|              |               |                |                  | □Add           |
|              |               |                |                  | □ Remove       |
|              |               |                |                  | □Change        |
|              |               |                |                  | □ Add          |
|              |               |                |                  | □Remove        |
|              |               |                |                  | □Change        |
|              |               |                | <del> </del>     | □Add           |
|              |               |                |                  | □Remove        |
|              |               |                |                  | □Change        |
| ****         |               |                |                  | □Add           |
|              |               |                |                  | □Remove        |
|              |               |                |                  | □Change        |
|              |               |                |                  | □Add           |
|              |               |                | <u> </u>         | ⊡Remove        |
|              |               |                |                  | □Change        |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_(optional) (If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. October 5th

27111 IN 17 17 AV