

L2100000/0492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

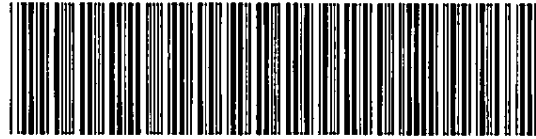
(Document Number)

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2021 OCT 12 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: e'er Loyalty Management 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:

Dwyane C. Lymore

Name of Person

e'er Loyalty Management LLC

Firm/Company

PO BOX 832

Address

Tavares, Florida 32778

City/State and Zip Code

dwyane.lymore@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dwyane C. Lymore

352 409-8237
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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
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**

FILED

2021 OCT 12 PM 2:27

e'er Loyalty Management LLC

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on December 30, 2020 and assigned
Florida document number L21000010492.

This amendment is submitted to amend the following:

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

e'er Loyalty Management LLC

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:

1405 W. Michigan Street #109

(Principal office address MUST BE A STREET ADDRESS)

Orlando, Florida

32805

Enter new mailing address, if applicable:

PO BOX 832

(Mailing address MAY BE A POST OFFICE BOX)

Tavares, Florida

32778

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:

Dwyane C. Lymore

New Registered Office Address:

1405 W. Michigan Street #109

Enter Florida street address

Orlando

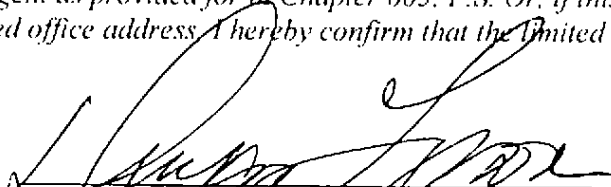
City

Florida 32805

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 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>
CEO	Dwyane C. Lymore	1405 W. Michigan Street	<input type="checkbox"/> Add
		Orlando, Florida	<input type="checkbox"/> Remove
		32805	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I am removing the aspostrophy from e er. and changing title of authorized person.

[illegible]

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.

Dated

Sept 28

2024

2020 2021
Kurtz Emma

Signature of a member or authorized representative of a member

Dwayne C. Lyamore
Typed or printed name of signer

Typed or printed name of signee