L210000044865

(Requestor's Name)	
(Address)	-
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(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	-
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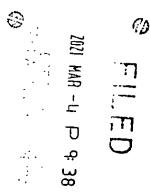
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COVER LETTER

TO: Registration 5 Division of Co				
	YFT, LLC			
SUBJECT:	Name of Lit	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	Samuel Rockhill			
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
	CE LYFT, LLC Name of Limited Liability Company Cles of Amendment and fee(s) are submitted for filing. Samuel Rockhill Name of Person PLACE LYFT, LLC Firm/Company 7236 Landover Dr Address Zephyrhills, FL 33540 City/State and Zip Code samuelrockhill@gmail.com E-mail address: (to be used for future annual report notification) att (
	7236 Landover Dr			
		Address		
	Zephyrhills, FL 33540			
	samuelroekhill@gmail.com	-		
	-		ication)	
For further information	concerning this matter, please c	ali:		
Samuel Rockhill		813 8384610		
Name (of Person	Area Code Daytime	4	Q.
			2021	
Enclosed is a check for t	he following amount:		MAR	17
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy (additional copy is enclosed)	ED
			∌" &	
Mailing Addres Registration			tion	
Division of C	Corporations			
P.O. Box 632				
Tallahassee,	FL 32314	2415 N. Monroe Tallahassee, F.L.	Street, Suite 810 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLACE LYFT, LLC			
(Name of the Limited Liabi (A Florid	llty Company as it now appears on our records.) da Limited Liability Company)	 	
The Articles of Organization for this Limited Liability Florida document number L21000044865	Company were filed on January 23, 2021	and assigne	d
This amendment is submitted to amend the following:	<u>—</u> .		
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."	,
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	PRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the na	me of the new reg	zistered;
Name of New Registered Agent:	-	MAR -	
New Registered Office Address:		, Г	2 marana
	Enter Florida street address	Ū	——————————————————————————————————————
	, Florida	÷	
	City	Zin 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> <u>Address</u>	Type of Action
MGR Samuel Rockhill 7236 Landover Dr / Zephyrhills, Fl 33540	≅ Add
	Remove
	□Change
	□Add
	□ Remove
	[]Change
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is filed.										
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Filing Fee: \$25.00