

# L21 000079058

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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MAIL

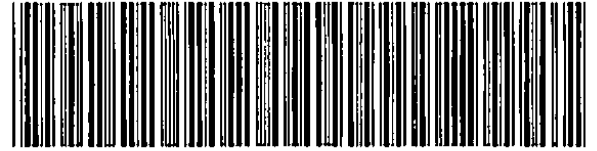
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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*Law Offices of*  
**BARRY L. CLAYTON**  
18314 Little Oaks Drive  
Jupiter, Florida 33458

**Telephone**  
**(561) 745-0345**

**Email**  
**claytonjd@aol.com**

August 24, 2021

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

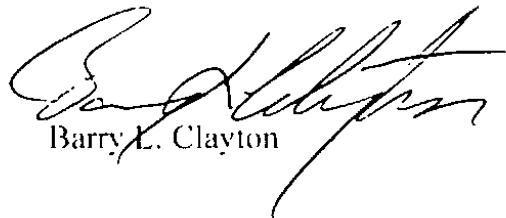
Re: Articles of Amendment  
Lovely Family Investments LLC  
L21000079058

Dear Sir or Madam:

Enclosed please find the original Articles of Amendment to Articles of Organization of Lovely Family Investments LLC. Also enclosed is a check for the sum of \$25.00 made payable to the Florida Department of State in full payment of the filing fee. Please file the Articles of Amendment and send me a letter of acknowledgement thereafter.

Thank you for your immediate attention to this matter.

Sincerely,

  
Barry L. Clayton

BLC/gb  
Enclosures

2021 AUG 30 PM 12:43  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Lovely Family Investments 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:

Barry L. Clayton, Esq.

\_\_\_\_\_  
Name of Person

Law Office of Barry L. Clayton

\_\_\_\_\_  
Firm/Company

18314 Little Oaks Drive

\_\_\_\_\_  
Address

Jupiter, Florida 33458

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Barry L. Clayton, Esq.

\_\_\_\_\_  
Name of Person

561  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

601-3692

\_\_\_\_\_  
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

2021 AUG 30 PM 12:43  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS  
REGISTRATION SECTION

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LOVELY FAMILY INVESTMENTS 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 February 16, 2021 and assigned Florida document number L21000079058.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

134 Fern Street

Jupiter, Florida 33458

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

134 Fern Street

Jupiter, Florida 33458

**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:

134 Fern Street

*Enter Florida street address*

Jupiter

*City*

Florida 33458

*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 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>	<u>Type of Action</u>
AMBR	Thomas Lovely		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		134 Fern Street, Jupiter, Florida 33458	<input checked="" type="checkbox"/> Change
AMBR	Jeanine Lovely		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		134 Fern Street, Jupiter, Florida 33458	<input checked="" type="checkbox"/> Change
AMBR	Kyle Lovely		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		134 Fern Street, Jupiter, Florida 33458	<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Change

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134 Fern Street, Jupiter, Florida 33458

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

100

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**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 (

**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 August 24, 2021

Thos. E. Jones

Signature of a member or authorized representative of a member

Thomas Lovely, Authorized Member

Typed or printed name of signee

**Filing Fee: \$25.00**