L21000080320

1
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u></u>
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	ation Section n of Corporations
	LO, LLC
SUBJECT: !	Name of Limited Liability Company
I	
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
!	Jon Gibbs
	Name of Person
)	LOWNDES
	Firm/Company
	215 North Eola Drive
	Address
•	Orlando, FL 32801
i	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
Jon Gibbs	407 843-4600
	Name of Person Area Code Daytime Telephone Number
Enclosed is a ch	neck for the following amount:
■ \$25.00 Fili	77 S C O O Elling For
Mailir	ng Address: Street Address:
Regis	Stration Section Registration Section
1	Box 6327 Division of Corporations The Centre of Tallahassee
1	hassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LPLO		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number $\frac{L21000080320}{L21000080320}$.	were filed on February 17, 2021	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	ne abbreviation "L.L.C."
inter new principal offices address, if applicable:	228 Annie Street	
Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32806	
nter new mailing address, if applicable:	228 Annie Street	
<u> 1 Aailing address MAY BE A POST OFFICE BOX</u>)	Orlando, FL 32806	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the r</u>	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	l
	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 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>	Address	Type of Action
AMBR	Raymond Thomas Salzmann II	228 Annie Street	∃ Add
		Orlndo, FL 32806	□Remove
			□Change
MGR	Carolyn M. Salzmann	228 Annie Street	
		Orlando, FL 32806	□Remove
			■Change
			□Remove
			□Change
			Remove
			☐ Change
		 	□Add
			□Remove
			□ Change
			□ Add
			□Remove
			∏C'hanga

FEIN: 86-2556652 (see attach	hed)		
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the Do	t be specific and cannot be prior to da ock does not meet the applicable	(option to of filing or more than 90 days after statutory filing requirements, this	filing.) Pursuant to 605.0207 (3)
record specifies a delayed effective is filed.	e date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated May 26	2021		· ·
Q:			
	Signature of a member or authorized	d representative of a member	