L21000092356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAR 15 PM 12:52

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2021 MAR 15 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SLHKER
MAR 1 5 2021

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LIUCS LLC

Signature

Requested by: SETH

Name | Date | Time

Will Pick Up

- ____ Art of Inc. File____
- ____ LTD Partnership File____
- ____ Foreign Corp. File____
- ____ L.C. File____
- ____ Fictitious Name File____
- ____ Trade/Service Mark____
- ____ Merger File____
- ____ Art. of Amend. File____
- ____ RA Resignation____
- ____ Dissolution / Withdrawal____
- ____ Annual Report / Reinstatement____
- ____ Cert. Copy____
- ____ Photo Copy____
- ____ Certificate of Good Standing____
- ____ Certificate of Status____
- ____ Certificate of Fictitious Name____
- ____ Corp Record Search____
- ____ Officer Search____
- ____ Fictitious Search____
- ____ Fictitious Owner Search____
- ____ Vehicle Search____
- ____ Driving Record____
- ____ UCC 1 or 3 File____
- ____ UCC 11 Search____
- ____ UCC 11 Retrieval____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIUCS 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:

Andrius Prasauskas
Name of Person

LIUCS LLC
Firm/Company

11649 Crowned Sparrow Ln
Address

Tampa FL 33626
City/State and Zip Code

aprasauskas@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn M. Yesner, Esq., Auth. Rep at (813) 774-5737 x 1
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LBUCS 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 2/24/2021 and assigned Florida document number L21000092356.

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) _____

_____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

_____

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: _____
Enter Florida street address

_____, Florida _____
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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AP	TADAS SVENDRYS	10110 PARLEY DRIVE	☐ Add
		TAMPA FL 33626	☒ Remove
			☐ Change
AP	ANDRUIS PRASAUSKAS	11649 Crowned Sparrow Ln	☐ Add
		TAMPA FL 33626	☒ Remove
			☐ Change
MGR	TADAS SVENDRYS	10110 PARLEY DRIVE	☒ Add
		TAMPA FL 33626	☐ Remove
			☐ Change
MGR	ANDRIUS PRASAUSKAS	11649 Crowned Sparrow Ln	☒ Add
		TAMPA FL 33626	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ 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.

Dated March 12 2021

Signature of a member or authorized representative of a member

Shawn M. Yesner, Esq., Authorized Representative
Typed or printed name of signer

Filing Fee: $25.00