

L21000160129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

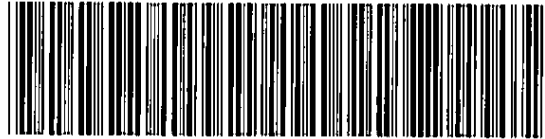
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/17/21 01000 -004 \$25.00

RECEIVED
2021 JUN 10 PM 1:47
SEC. OF STATE
TALLAHASSEE, FLORIDA

FILED
2021 JUN 10 PM 1:49
TALLAHASSEE, FL

Amend
Name
chg

JUN 10 2021

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Enco Lyles Farm - Favorite Realtor 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:

Enco Lyles
Name of Person

Firm/Company

6543 Alan A Dale Trail
Address

Tallahassee FL 32309
City/State and Zip Code

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

For further information concerning this matter, please call:

Enco Lyles at (850) 264-9730
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building

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

Erica Lyles Your Favorite Realtor, 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 04/15/2021 and assigned
Florida document number L21000160129.

This amendment is submitted to amend the following:

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

Erica Lyles, LLC

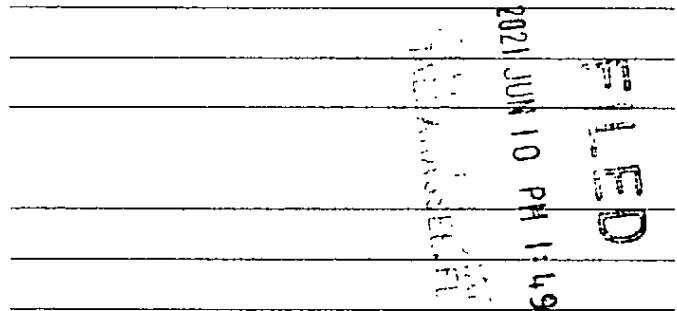
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

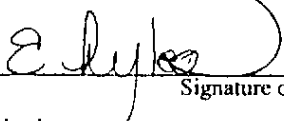
[illegible]

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)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 25, 2021



Signature of a member or authorized representative of a member
Erica Lyles

Typed or printed name of signee