121000249445

(Requestor's Name)
(Requestor's Name)
11107 SW 243 VM IN (Address)
(Address)
(Address)
HOMBINGA, FL 3303LJ 407919512 (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
LYPICS CYCATION LLC (Business Entity Name)
L21000240445
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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SEP 07 2071 I ALBRITTON

COVER LETTER Registration Section TO: **Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Parson WYLCS LYCATION ____ HOMESTRACE, FZ 33U32
City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person

Name of Person

Area Code

Davtime Telephone Number Enclosed is a check for the following amount: ☑ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, □ \$55.00 Filing Fee & □ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (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



221 SEP -1 PM 2: 19

FLORIDA DEPARTMENT OF STATE. Division of Corporations

July 31, 2021

LYRIC COOPER 11107 SW 243RD LN HOMESTEAD, FL 33032

SUBJECT: LYRICS CREATION LLC

Ref. Number: L21000249445

We have received your document for LYRICS CREATION LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

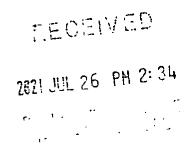
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 921A00018011

Irene Albritton Regulatory Specialist II

www.sunbiz.org





July 13, 2021

LYRIC COOPER 11107 SW 243RD LN HOMESTEAD, FL 33032 US

SUBJECT: LYRICS CREATION LLC

Ref. Number: L21000249445

We have received your document for LYRICS CREATION LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

SHAMIYA M HARRIS Regulatory Specialist II

Letter Number: 321A00016060

COVER LETTER

TO:

TO: Registration Se Division of Cor			
centect.	LUVIC C CXIA	tion UC	
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>wyic</u>	Name of Person	
	<u> </u>	WWW.Company	. <u></u>
	1110 W 29	Address	
		City/State and Zip Code CL 11@ year \ OO. WY to be used for future annual report noti	<u>ν</u>
	E-mail address: (to be used for future annual report noti	()
For further information c	oncerning this matter, please ca		
Name o	OVP V f Person	at (407) Area Code Daytim	5022 ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	S CYCATIDY		our records.)		
(<u>, ant with family</u>	(A Florida Limited Lia	as it now appears on cobility Company)	<u> </u>		
The Articles of Organization for this Limited Li Florida document number <u>L2100014</u> 0	iability Company w 7445	rere filed on MUV	27, 202	and assigned	ed
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	f the limited liabili	ty company here:			
					
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designa	ition "LLC" or the a	bbreviation "L.L.C.	
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	T ADDRESS)			~~~~	
				<u> </u>	
				13.00 11.00 11.00	्या
Enter new mailing address, if applicable:			_	· <u>1</u>	- 1422 1473
(Mailing address MAY BE A POST OFFICE)	BOX)				· · · · · · · · · · · · · · · · · · ·
				<u> </u>	
B. If amending the registered agent and/or ragent and/or the new registered office addres		dress on our record	ls, <u>enter the nan</u>	<u>ie of the KéW re</u>	gistered
N. CN. D. C. IA	14416	LOOPLY			
Name of New Registered Agent:	•				
New Registered Office Address:	1110170	J 293 YA L Enter Florida sti	/		
	, I Duan			430 <i>0</i> 0	
	<u> </u>	LSTRAA City	Florida	7in Code	
		vii)		ny coue	

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

	Authorized Person(s) authorized to ma rom our records:	inage, enter the title, name, and address of each	person being added
MGR = Ma AMBR = Au	anager athorized Member		
<u>Title</u>	Name	Address	Type of Action
MOR	LYXIC WODDLY	11117 SW 293rd Un	ŒAdd
	,	HOMESTICAL FL 33032	Remove
			□Change
AMB12	Lyric woper	11107 SW 2937d in	COKOO
		tromestrad, FL 33052	□Remove
			Change
			🗆 Add
			□Remove
			□ Change
			□∧dd
			□Remove
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			□Remove
			□Change
			□Add
			□Remove

_____ □Change

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f an effec <mark>Note:</mark> H	te date, if other than the date of filing:
	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 d is file	d.
d is file	
d is file	AUGUST 28 . 2021. Agriculture of a member or authorized representative of a member

Filing Fee: \$25.00