121000391277

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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		COYEN LETTER	
TO: Registration Division of C			
SUBJECT:	nes & Scho	imited Liability Company	
	of Amendment and fee(s) are si		
Please return all corre	spondence concerning this matte	er to the following:	
	Lanik	CA Schaefee Name of Person	
		Firm/Company	2021 SEP
	1510E	Sligh Ave	2021 SEP -1 PM 3: 16 SECRETARY OF STATE SECRETARY OF STATE
	Tampo	City/State and Zip Code	
	F-mail address:	(to be used for future annual report not	mail.com
For further information	concerning this matter, please of		fication)
Lanie	ca Schaese	985 . 5-a	2 - 20-7
Name	of Person	at (985) 259 Area Code Daytim	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Centificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

anticles of amendment

TO ARTICLES OF ORGANIZATION OF

Tones & Schoeler (Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number \(\(\frac{1}{2}\)1000291277.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
Lanka Schaefer, LLC The new name must be distinguishable and contain the words "Limited Liabi	2021 SET
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:	1510 E Sligh AVEL T
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33 Pho 3
	STATE FL
Enter new mailing address, if applicable:	1510E Sligh Ave
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33610
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Fruer Florida street address

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

or removed fi	rom ozar records:		
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Jones, Dennis L Sr	3638 Cold Creck Dr.	□Add
		Valrico, FL 33596	Remove
			[]Change
MGR	Schaefer, Lanika	15 10 East Sligh Ave	
		Tampa, FL 336-15TATE	Remove
		RY OF STA	
			স □Remove
			□Change
			□Add
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