LZ1 000 319398

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zipir Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special mistractions to 1 ming officer.

Office Use Only



900374237139

10/01/21--01024--009 **60.00



O SIMMONS OCT 1) 8 2021

COVER LETTER

TO: Registration Secti Division of Corpo		,	,	
SUBJECT: LOKels	ONLY LLC Name of Limit	ed Liability Company		
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.		
Please return all correspond	ence concerning this matter to	the following:		
	Emily Bra	CEY Name of Person		<u>. </u>
		Firm/Company		
	3302 Laurel	Dale Drive		
-	Tampa, FL EFBRACEYO			
For further information cond	erning this matter, please cal		port notification)	
Emily Brac	•	at (<u>716</u>)	397-1745 Daytime Telephon	e Number
Enclosed is a check for the fi	-		- ∕.	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed)	660.00 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 Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

##21 CC -1 Att 6:50
Lokels DNLY LLC.
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
ne Articles of Organization for this Limited Liability Company were filed on 7/13/21 and assigned orida document number 2/10/00/319/39/8
nis amendment is submitted to amend the following:
If amending name, enter the new name of the limited liability company here:
e new name must be distinguishable and contain the words "Limited Liability Company,,, the designation "LLC,, or the abbreviation "LLC.,
nter new principal offices address, if applicable:
rincipal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
failing address MAY BE A POST OFFICE BOX)
If amending the registered agent and/or registered office address on our records, enter the name of the new registere ent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Dia Ja

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = M $AMBR = A$	lanager authorized Member	Contract	
<u>Title</u>	<u>Name</u>	Address = 1 All 6: 50	Type of Action
AMBR	Hatfield, Emily	3302 Laurel Dale Dr	🗆 Add
		Tampa, FL	Remove
		33618	□Change
AMBR	Bracey, Emily	3302 Laurel Dan Do	
		Tampa, PL	□Remove
		33618	□Change
			□ Add
			□Remove
			□Change
			□Add
	<u>.</u>		□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
			□Change

fam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,
	·
•	
•	
-	
-	
-	
-	
-	
-	
	ive date, if other than the date of filing:
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocum	ent's effective date on the Department of State's records.
recor	d 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
18 11	ea.
_	Santon 27 2021
ated	September 27 2021 Company of Member or authorized representative of a member Emily Hatfield
	CND #
	Signature of expression authorized representative of a member
	, · · ·

Filing Fee: \$25.00