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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ELLISON LAZENBY PLLC

Account Number : I20150000059 Phone : (727)362-6151 Fax Number : (727)362-6131

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: admin@elattorneys.com

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Help



To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	ocars on our records.)		_	
The Articles of Organization for this Limited Liability Company were filed on Florida document number L21000329462	07/20/2021	and	d assign	ied
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	ne designation "LLC" or th	e abbreviatio	n "L.L.C	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			 _	
			12:1	
		_ = -	AUG	
Enter new mailing address, if applicable:	,		 	
(Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>		<u></u>
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		<u> </u>	:-	
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	r records, <u>enter the n</u>	ame of the	: new re	egistered
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
Enter F	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.

City

If Changing	Registered Agent	, Signature of New	Registered Agent

Florida

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
MGR	Randal Lawrence	12945 SEMINOLE BLVD, BLD. I, SUITE 15	□Add
		LARGO, FL 33778	≅Remove
		<u></u>	□Change
MGR	Sara Jo Lawrence	12945 SEMINOLE BLVD, BLD. I, SUITE 15	🖩 Add
		LARGO, FL 33778	□Remove
			□Change
			□Add
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