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Certified Copies	Certificates	of Status
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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT: LEM	MON REAL E	: STATE SERVICES ited Liability Company	5
The anglocad Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ndence concerning this matter	to the following:	
	<b>,</b> .		
	brdan	Name of Person	
		Name of Person	
	<del></del>	Firm/Company	
		1 st st	
	3730 Midtown	Dr. 1627 _	
		Apt # 1627	
	Thurs, PL	SS 6007  City/State and Zip Code  1 Drug 1. Jour  to be 10ed for future annual report noti	<del></del>
	(euman 25	2 00:11 2:1 504	
	E-mail address: (	to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
\ ( ,			
Jordan Le	Myon	at ( <u>A24)554</u> Area Code Daytim	1297
Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	S30.00 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	Section	Street Address: Registration Se	
Division of C P.O. Box 632	=	Division of Cor The Centre of T	•
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lemmon Real EState Services LLC

(A Florida Limite	ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>8/12/21</u>	and assigned
Florida document number <u>L 2 1000 362 446</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	LLC	
The new name must be distinguishable and contain the words "Limited Li-	ability 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)	_ <del>_</del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>enter the na</u>	ame of the new register
agent and/of the new registered office address here.		
Name of New Registered Agent:		
Name of New Registered Agent.	-	
New Registered Office Address:	Enter Florida street address	<u>t-5</u>
		10
	, Florida	Zip Code`
New Registered Agent's Signature, if changing Registered Age	•	747 (M).
men negisteren myent 5 biynature, u enanyiny neyisteren mye	<u> </u>	V.

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 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 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	
AMRR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	
			□Add
		<del></del>	□Remove
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Effective date, if other than the date of filing:  (Optional)  (If an effective date, if other than the date of filing:  (If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 01 days after filing (Parsauant to 605,020 f Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it document's effective date on the Department of State's records.  The record 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 ord is filled.  Dated  September 20 th 2521  Nignature to all member or authorized representative of a member		
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ote: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	
		he
ated	September 20th D. 2021.	
	Lind VA	
	Signature of a member or authorized representative of a member	