L21000375765

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COVER LETTER

TO: Registration Se Division of Con			
GYST, LL	С		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
	Lisa Jones		
		Name of Person	
	GYST, LLC		
		Firm/Company	
	4222 N Dixie Hwy, unit #	77	
		Address	
	Oakland Park, FL 33334		
		City/State and Zip Code	····
	RealtorLMJ@gmail.com		
For further information c	encerning this matter, please c	to be used for future annual report no all:	uncation)
Lisa Jones		954 817-5571 at ()	
Name o	f Person		nc Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	action
Registration : Division of C		Registration Se Division of Co	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{8/23/2021}{2}$ _____ and assigned Florida document number L21000375765 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Lisa Jones, LLC The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter 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 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

<u>Title</u>	Name	Address	Type of Action
			
			□Remove
	1 n (th		□Change
	MN	<i></i>	□Add
			□Remove
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			□Change

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	[only changing Name]
	Larist Changing Notine
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in effect ote: If	date, if other than the date of filing:
ecord s	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
sted	sturday April 1st 2023
	,
	Signature of a member or authorized representative of a member
	Lisa Jones Typed or printed name of signee

Filing Fee: \$25.00