121000472187

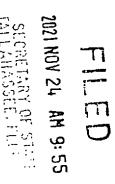
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(======================================
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
-
DEC 1 0 2021

Office Use Only



200376888662

11/24/21--01025--019 **30.00



COVER LETTER

TO: Registration Sec Division of Corp		٠.	
SUBJECT: LIL	LY FINANC Name of Lim	E L. L. C- ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	BEATTY,	BRAD M Name of Person	
	Lilly Fir	Pance LC Firm/Company	
	_300 TOTH S	STREET S Address	<u> 346</u>
		TERSBURG, FL City/State and Zip Code	
	E-nuit address:	1 Finance . com to be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	all:	
Brad MB	Person y	at (<u>941</u>) <u>815</u> Area Code Daytime	- 73 7 3 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$30.00 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 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

FILED

2021 NOV 24 AM 9: 55

LLY FINANCE L.L.C.

(Name of the Limited Liability Company as it now appears on our records SECRETARY OF STATE (A Florida Limited Liability Company)

TALLAHASSEE, FIGURE

If Changing Registered Agent, Signature of New Registered Agent

This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	300 LOTH STREET S	
(Principal office address MUST BE A STREET ADDRESS)	346	
	346 SAINT PETERSBURG, FL 33705	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Maining address MAT BE A POST OF FICE BOX)		
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 registe</u>	ree
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new registe</u>	rec
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		rec
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	Foter Florida street address	rec
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	Frter Florida street address, Florida	rec
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	Foter Florida street address , Florida	ree

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
AP_	ARMAND RUSSELL	633 HYACINTH, DR	□Add
		CORPUS CHRISTE, TX	784131 <u>©</u> Remove
			□Change
			Remove
			□Change
			🗀 Add
			□Remove
		Change	
<u> </u>			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change

<u> W</u>	le a	re_	onle	 ()	rem.	ovine	1 0	me	mei	ube	r F	rom
Lil	ly Fin	unce mutic	<u> </u>		Ro.	sse(Arm	und	a	<i>l(</i>	oth	er
	infor	mutic) <i>در</i>	5 A	†h	îs	Fili	ny	, s	6 C	orre	+
(2	nd	tru	 e	the	nk	400	, (ز				
			_	*.,		ſ	Ø					
										<u>-</u>		
												
												
						<u>.</u>						
					<u> </u>							
		her than t				1/11/	245	7 /				
effective	date is liste	ed, the date r	must be spe-	cific and	cannot be	rprior to da	te of filing	or more th	an 90 day.	option s after fil	ing.) Purs	uant to 605.0
		date on the					statutory	ining req	unement	s, uns o	ate will i	not be listed
	aitica o do	laurad affar	stics data	hut not	nn aftan	dan sinan		on on th	a ageliae	afi (h)	Thu 00t	h day after t
filed.	ciries a de	rayed effec	live date.	out not	an checi	ave time,	at 12.01 i	1.111. OH H	e carrier	01. (0)	1110 900	h day after t
. 11	1221	クハク. L										
d <u> 11</u>	1221			•		·						
	00	1	M		300	-0-00		tative of a				
_	152	an'	Signati	ire of a n	rember or	authorizer	rentesent	ative of a	nember			