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C. BRUMBLEY

COVER LETTER

Division of Corp			
SUBJECT: \int	M LENZ	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Samuel	Len 7	
		Name of Ferson	
	SAM	Firm/Company	
	1490 SE	LEGACY CONE	ECIRCLE
	Stuart	City/State and Zip Code	7
	Samueller E-mail address: (1		C.com
For further information co	ncerning this matter, please ca	all:	
Samuel	11n7	.772. 57	9-2337
Name of	Person	at (/ / /) / / Area Code Daytime	e 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

SAM LEN	H L	LC				
(<u>Name of the Limited Liability</u> (A Florida	y Company as it no Limited Liability C	ow appear ompany)	s on our recor	ds.)		
The Articles of Organization for this Limited Liability Co Florida document number <u>L2100516420</u>	ompany were file	ed on	12/07	7/21	and assi	gned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limit	ted liability com	pany he	<u>re</u> :			
The new name must be distinguishable and contain the words "Limit	ted Liability Compa	ıny," the do	signation "LL	C" or the abbrev	iation "[].	C."
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>	· <u></u>		ب - 	2021	
					DEC	
Enter new mailing address, if applicable:) Ut (76)	17 A	
(Mailing address MAY BE A POST OFFICE BOX)					<u>-</u> €	O
				-		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address (on our re	cords, <u>ente</u> i	r the name of	the new	
Name of New Registered Agent:						<u>.</u>
New Registered Office Address:						
		Enter Flori	da street addre	55	_	
	C''		, F	lorida	2: C - I	
No. Barre AA A C	City			Z	Lip Code	
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.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address	Type of Action
MGR	Samuel Lenz	1470 SE LEGACY COVE CIR,	_ XAdd
		1470 SE LEGACY COVE CIR, Stuart, FL, 34997	□Remove
		 	Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			∏Change

. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
(If an e Note:	rtive date, if other than the date of filing: (optional) (fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco	ord 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 filed.
Dated	December 15th 2021.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee