L2200036552

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Office Use Only

A. RIVERS

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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	FRAN DA			
SOBJE	CI; <u></u> _	Name of Lim	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		Frances J. Lancaster		
			Name of Person	
		~	Firm/Company	
		36548 Strand Drive		
			Address	·
		Zephyrhills, FL. 33542		
			City/State and Zip Code	
		fran.lancaster@cbrealty.com	n	
		E-mail address: (to be used for future annual report noti	fication)
		oncerning this matter, please co		
	Frances	Luneaster	at (_201_)331/-	3495
	Name of	Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	e 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

FRAN DANEY, LLC		
(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L22000036552	ompany were filed on 1/19/2022	and assigned
Florida document number	<u>-</u> :	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
FRANCES LANCASTER, LLC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		F 11
		-CO 75
B. If amending the registered agent and/or registered	office address on our records, enter th	e name of the new registered
agent and/or the new registered office address here:	· 	22 - 17
		图 星 一
Name of New Registered Agent:		74 00
Tame of New Registered rigem.		25 OB
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

ED AND ANEW TAG

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
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			□Remove
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			Change

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Filing Fee: \$25.00