L22000211047

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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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2022 July - 6 PH12: 36

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of 81412022

COVER LETTER

	gistration Section of Corp					
SUBJECT:	L&L INDUSTURIES AND MORE LLC.					
SUBJECT:		Name of Limit	ted Liability Company			
The enclosed	I Articles of a	Amendment and fee(s) are subr	nitted for filing.			
Please return	all correspo	ndence concerning this matter t	to the following:			
		Latasha Rixter				
	Name of Person					
	L&L INDUSTURIES AND MORE LLC.					
			Firm/Company			
		1432 Dusty Pine Drive				
Address						
		Apopka, FL, 32703				
			City/State and Zip Code			
	landlindusturiesandmore@gmail.com					
For further in	nformation co	E-mail address: (6 oncerning this matter, please ca	o be used for future annual report notificall:	cation)		
Latasha Rix	ter		321 225-9725 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	e following amount:				
\$25.001	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



L&L INDUSTURIES AND MORE LLC.

2022 JUN - 6 PM 12: 36

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records. imited Liability Company)		;;
The Articles of Organization for this Limited Liability Cor	mpany were filed on May 04, 2022	and ass	igned
Florida document number 1.22000211047			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "1	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		· · · · · · ·
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 t	the name of the nev	v registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Enter Plorida street address		
 -	, Flo	ridaZin Code	
New Registered Agent's Signature, if changing Registered	·	Zip Cirac	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this capacity. I fur implete performance of my duties, an ent as provided for in Chapter 605, F	d Lam familiar wit E.S. Or, if this docu	h and iment is

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>	<u>Address</u>	Type of Action
AP	Lamont Scott	1432 Dusty Pine Drive Apopka, FL. 32703	≣∧dd
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			
			□Remove
			☐ Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□∧dd
			□Remove

Typed or printed name of signee