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## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

Division of Corp	orations		
SUBJECT: Ko	nind The Lynn Name of Lim	nited Liability Company	
	mendment and fee(s) are sub		
Please return all correspon	dence concerning this matter	to the following:	
	Late	A Lynn Name of Person	
		Firm/Company	<u> </u>
	3134 North	Tog Road Apt 1. Address	207
	West Palm	Beach, FL 3341 City/State and Zip Code	12 日
		in SS Q gmail. Com	
For further information con	ncerning this matter, please c	ali:	31,1
Latoya Ly	Person	at ( <u>754</u> ) <u>400 - 74</u> Area Code Daytime Te	HQ O
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 Se Division of Co	ection	Street Address: Registration Section Division of Corpor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Comp A Florida Limited	pany as it now a Liability Comp	ippears on our	records.)	<u>-</u>		
The Articles of Organization for this Limited Liz Florida document number <u>L. 2200214</u>	ability Compan				2 <u>2</u> a	nd assig	gned
This amendment is submitted to amend the follo	wing:						
A. If amending name, enter the new name of	the limited lia	bility compa	ny here:				
The new name must be distinguishable and contain the wo	ords "Limited Lia	oility Company.	" the designation	on "LLC" or the	abbreviat	ion "L.L	C."
Enter new principal offices address, if applica	ble:				-1,0	· #3	
(Principal office address MUST BE A STREET	(ADDRESS)			· · · · · · · · · · · · · · · · · · ·	<u>. [6]</u>	· \3	- 77
		-			15 to	2	<del></del> - : (1
Enter new mailing address, if applicable:					4	<u> </u>	
(Mailing address MAY BE A POST OFFICE F	<u>30X)</u>				<u> </u>	2 AH 9: 57	
B. If amending the registered agent and/or reagent and/or the new registered office address	s here:						
Name of New Registered Agent:	Late	uya Ly	חמ				
New Registered Office Address:	13134 1						
	west	Palm F	Brach	Florida .	334 Zip	Code	<del></del>
New Registered Agent's Signature, if changing R	egistered Agen	<u>t:</u>					
I hereby accept the appointment as registered provisions of all statutes relative to the prope	•		_				

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

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

4GR = Manager AMBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
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cument's effective	re date on the Depar	tment of State's re	cords.			
ecord specifies a	delayed effective da	ite, but not an effec	ctive time, at 12:01	a.m. on the earlier of	(b) The 90th da	y after the
is filed.						
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