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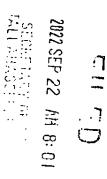
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Division of Corp		4	
SUBJECT:	Lord, Lady	& The Dux	le
	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Kei	in Siefring	
	1 .	Name of Person	
	Lord, L.	ady & The Firm/Company	Duke
	5909 1	V Otis Ave	
		City/State and Zip Code	04
	Siefrin E-mail address: (to	Ske used for future annual report notific	ication)
For further information co	ncerning this matter, please cal	_	,
	neering this matter, prease ear	L.	
Keun Sief	Person	at ( <u>631</u> ) <u>866 -</u> Area Code <u>Daytime</u>	1764 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	ORGANIZATION THE TO
Lord, Lady	& The DURSEP 22 AM 8:01
( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears og our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	, .
Florida document number 88 - 2776169  This amendment is submitted	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5909 Notis Ave
(Principal office address MUST BE A STREET ADDRESS)	5909 Notis Ave Tampa, FL 33604
Enter new mailing address, if applicable:  "Mailing address MAY BE A POST OFFICE BOX"	5909 N 0+15 Ave Tampa, FL 33604
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	Keun Siefring 5909 N Otis Ave
New Registered Office Address:	5909 NOtis Ave
New Registered Office Address.	Enter Florida street address
	Florida 33404  Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>
provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	is provided for in Chapter 605, F,S <sub>f</sub> Or, if this document is
	·

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Add
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		<del></del>	□Add
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		<del></del>	□Remove

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<del></del>	
effective <u>e:</u> If the	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 605.020 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a effective date on the Department of State's records.
cord spe	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
ed	8/18/22 //
_	Signature of a morriber or authorized representative of a member
_	Typed or printed name of signee