

8/5/22, 12:19 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet
L22000261757

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC
 Account Number : I20070000033
 Phone : (305)649-7040
 Fax Number : (305)649-0477

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: AraicaIsabel@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 LYN'S PROPERTIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2022 AUG -5 PM 2:47

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 AND
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AUG 05 2022

K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lyn's PROPERTIES, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Isabel Araica

Name of Person

Derez Arche Accounting Inc

Firm/Company

4011 W. Flagler St #501

Address

Coral Gables, FL 33134

City/State and Zip Code

araicaisabel@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isabel Araica

Name of Person

at (305)

Area Code

649-7040

Daytime 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LYNIS PROPERTIES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/10/22 and assigned
Florida document number L220000261757

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip 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

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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>	<u>Type of Action</u>
AMBR	CAROL ALTAMIRANO	19179 SW 29 CT	<input type="checkbox"/> Add
		MIRAMAR, FL 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

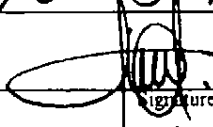
E. Effective date, if other than the date of filing: 08/05/2022 (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated August 5th, 2022


Signature of a member or authorized representative of a member

MARCOS ALTAMIRANO

Typed or printed name of signee