

L22.000317070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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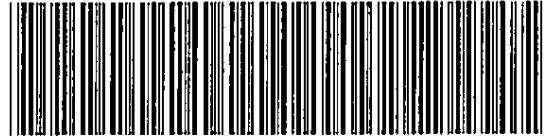
(Business Entity Name)

(Document Number)

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2023 APR 24 AM 7:31
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TALLAHASSEE, FL

g 4/19/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shelley Lyle 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:

Shelley Lyle
Name of Person

Shelley Lyle LLC
Firm/Company

25 SE 2nd Ave, Ste 550 PMB 417
Address

Miami, FL 33131
City/State and Zip Code

Shelley.Lyle@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelley Lyle at (813) 340-1198
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

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

2023 APR 24 AM 7:31

The Articles of Organization for this Limited Liability Company were filed on 7/18/2022 and assigned
Florida document number L22000317070

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 "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

25 SE 2nd Ave, Ste 550 PMB 417
Miami, FL 33131

Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

25 SE 2nd Ave, Ste 550 PMB 417
Miami, FL 33131

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:

25 SE 2nd Ave Ste 550 PMB 417
Enter Florida street address
Miami, Florida 33131
City 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

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

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Dated 4 April 21, 2023

Shes mill
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Shelley M Lyle
Typed on

Typed or printed name of signee