h22000321366

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· ———
Special Instructions to Filing Officer:

Office Use Only





300392596163

08/15/22--01007--024 **25.00

22 #HG 15 ## 8: 50

COVER LETTER

TO: Registration Secti Division of Corpo		
SUBJECT:	LBT 12 ULL Name of Limited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	USA TOLLEY Name of Person	
	Firm/Company	
	1205 DAVIS WOOD DRIVE	örvisii 22 A
	Mclean VA 22102 City/State and Zip Code	arvision of contraction 22 AUG 15 AH 8: 50
	E-mail address: (to be used for future annual report notification)	##************************************
For further information cond مم	cerning this matter, please call:	0 %
USA For	erson at (947) 413 0023 Area Code Daytime Telephone Number	
Enclosed is a check for the f		
S25.00 Filing Fee	(additional copy is enclosed) Certified C	of Status &
<u>Mailing Address:</u> Registration Sec	Street Address: ction Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

<u> </u>	1 UC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>1220032</u> 1	were filed on 1 20 2021	and ass	igned
his amendment is submitted to amend the following:			
a. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:		
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abb	oreviation "L.	L.C."
inter new principal offices address, if applicable:			
Principal office address MUST_BE A STREET ADDRESS)			<u> </u>
THE THE OFFICE WAITESS FIOST BE A STREET ADDRESS		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	<u> </u>		<u> / / / / / / / / / / / / / / / / / /</u>
		5	<u> </u>
nter new mailing address, if applicable:			<u> </u>
failing address MAY BE A POST OFFICE BOX)		<u>₹</u>	- 4444.1 - =
		ထ္	
		- 5	
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter the name	of the new	<u>regist</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
			_
	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 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>	Address	Type of Action
MGR	Lisa Tolley	1205 DAVISWOOD Driv	<u>C</u> Add
	I	Mclean VA 22102	□Remove
			□Change
			□Add
			□Remove
			□ Change
			17/1STON OF GANG CRAPMON 22 AUG 15 AM 8050
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□ Change

			<u> </u>
			_
			_
			_
			_
			_
		22	<u>e</u> 2
		AUG	SER
		<u></u>	유표- - 12유대
		AM E	<u>和此</u> 。 -
		& 50 50	11 FF 12 FF 12 FF
			
			_
	Q 10 127		
	tive date, if other than the date of filing: 990 000 (optional) flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan	nt to 6	05 0207 (3
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.		
he recor	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th of	lay af	ter the
ora is ii			
Dated	1 8/9/77		
	Signature of a member or authorized representative of a member		
	Lisa Tolley		
	Typed or printed name of signee		