L22000371804

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COVER LETTER

TO: Registration Division of	n Section Corporations			
Lounsbi	ury Estates LLC			
30bJEC1	Name of Limi	ited Liability Company		
	s of Amendment and fee(s) are sub-	•		
	Victor A. Lago			
		Name of Person		
	-	Firm/Company		62 E
	4821 NE 29th Avenue		·	alvision of c
	Lighthouse, Florida 33064	Address		
	valago@hotmail.com	City/State and Zip Code		PM 12: 07
For further information	E-mail address: (to proceed the concerning this matter, please ca	o be used for future annual report notifull:	ication)	07
Victor Lago		305 409-7983 at ()		
Nar	ne of Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for	or the following amount:			
□ \$25.00 Filing Fee	e S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &
Muiling Ade	trace	Street Address		

Mailing Address:

TO:

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

Lounsbury Estates LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears or Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000371804</u> .	y were filed on <u>Augus</u>	t 24, 2022	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
Meeker Estates LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desig	nation "LLC" or the abbr	eviation L.C. S
Enter new principal offices address, if applicable:			isie 2 SE
(Principal office address MUST BE A STREET ADDRESS)	NA		9 4.
			<u> </u>
Enter new mailing address, if applicable:			第 [12: (
(Mailing address MAY BE A POST OFFICE BOX)	NA		7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, <u>enter the name</u>	of the new registere
Name of New Registered Agent: NA			
New Registered Office Address: NA			
	Enter Florida	street address	
		, Florida	
	City		Zip Code

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
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			□Change
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Effective date, if other the self-an effective date is listed, the Note: If the date inserted document's effective date	e date must be specific in this block does no	and cannot be pri of meet the app	licable statutory	g or more than 90 filing requirem	(optional) days after filing.) I tents, this date w	oursuant to 605.020 ill not be listed a
	l effective date, but i	not an effective	time, at 12:01	a.m. on the earl	ier of: (b) The	90th day after th
ne record specifies a delayed ord is filed. Dated		2022	<u> </u>			
ord is filed.	<u> </u>	,	Ä.	tative of a member	<u> </u>	

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