

L22000493165

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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : LIPPES MATHIAS WEXLER FRIEDMAN LLP  
Account Number : I20190000014  
Phone : (904)660-0020  
Fax Number : (904)660-0029

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LYND MANAGEMENT GROUP LLC**

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M. SOLOMON

FEB - 6 2023

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TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **LYND MANAGEMENT GROUP 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:

**JENI SMITH**

Name of Person

**LIPPES MATHIAS LLP**

Firm/Company

**10151 DEERWOOD PARK BLVD BLDG 300 STE 300**

Address

**JACKSONVILLE, FL 32256**

City/State and Zip Code

**rbelinsky@lynd.com**

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

For further information concerning this matter, please call:

**JENI SMITH**

at ( **904** ) **660-0020**  
Area Code 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LYND MANAGEMENT GROUP 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 11/27/2022 and a  
Florida document number L22000493165.

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

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 agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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

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~~If attaching Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:~~

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	ANDREW GARDNER	286 RIVER LAUREL WAY	<input checked="" type="checkbox"/> A
		WOODSTOCK, GA 30188	<input type="checkbox"/> Re
			<input type="checkbox"/> Ch
			<input type="checkbox"/> Ad
			<input type="checkbox"/> Rer
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			<input checked="" type="checkbox"/> Chan
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Removi
			<input type="checkbox"/> Change

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

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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

**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 record is filed.

Dated February 6, 2023

DocuSigned by:

Matt Merritt

Signature of a member of public or representative of a member

Matt Merritt

Typed or printed name of signee

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