## L22000493165

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TO: Registration Section **Division of Corporations** LYND MANAGEMENT GROUP LLC SUBJECT: 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 Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & S25.00 Filing Fee ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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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# TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LYND MANAGEMENT GROUP	LY	/ND N	MANAC	GEMENT	GROUP	LLC
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(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 assigned 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.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) r j 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

#### 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.

Ciw

\_, Florida \_

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in amending Authorized rerson(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>	Type of Action
MGR	ANDREW GARDNER	286 RIVER LAUREL WAY	<b>≘</b> Add
		WOODSTOCK, GA 30188	□Remove
			Change
			⊡Add
			Add  Remove 6
<del></del>	<del></del>		FAH EVIN
			□ Remove
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ective date, if other than the d	ate of filing.	(nosti	I\
effective date is listed, the date must be	specific and cannot be prior to date of		filing.) Pursuant to 605.02
ument's effective date on the Dep	ek does not meet the applicable state artment of State's records.	amory ming requirements, this	date will not be listed
cord specifies a delayed effective s filed.	date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b)	26 B
ed February 6	, 2023		16
	Docusigned by:  Matt Merritt		E S
	) IN Aft IM I VIVIII		1 1 1

Typed or printed name of signee