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(Re	equestor's Name)	
(Ad	idress)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	





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01/13/23--01006--011 **25.00



COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	Lyon -	FATTOOS LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
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	Elibeo	M VeloEZ	
	v	Name of Person	-1 Na
	LYON TO	ATTOOS LLC	2023 C
		Firm/Company	<u> </u>
	4921	EASTWOOD GREENS ST	#201 = : T
;	٠.	Address	
	FORT MY	JEAS FL 33905 City/State and Zip Code	10 12 12 12 12 12 12 12 12 12 12 12 12 12
दर्गः	•	City/State and Zip Code	· · ·
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	·	
	,		
	20	at ()	: Telephone Number
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address:	ul a-
Registration S		Registration Sec Division of Cor	
Division of C P.O. Box 632		The Centre of T	
Tallahassee, I			Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) hty Company)	-, -,-
The Articles of Organization for this Limited Liability Company wer	e filed on	and assigned
lorida document number		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liability	company here:	
he new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbi	reviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	Σo	2023
_	, T	
nter new mailing address, if applicable:	(<u>.</u> [*]	
Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
		* 2
3. If amending the registered agent and/or registered office addingent and/or the new registered office address here: Name of New Registered Agent:	ress on our records, <u>enter the name</u>	, –
New Registered Office Address:	Enter Florida street address	
	, Florida	
	, 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

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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f an effective date is listed, the dat	te must be specific and ca	annot be prior to date of	filing or more than 90	days after filing.)	Pursuant to t	505,0207
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Effective date, if other than f an effective date is listed, the date Note: If the date inserted in the document's effective date on the record specifies a delayed effect is filed.	te must be specific and ca his block does not med the Department of Sta	aumot be prior to date of et the applicable statute's records. In effective time, at 12	utory filing require	days after filing.) ments, this date vertice of: (b) The	will not be I 200th day a	isted as