# L23000063926

(Req	uestor's Name)	
(Add	lress)	
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(Doc	ument Number)	
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## **COVER LETTER**

TO:		tration Section of Corp			
CHD	IECT.	_ynnStead (	Gardens LLC		
SUB	r.ct; _			ited Liability Company	<del></del>
The e	enclosed A	Articles of i	Amendment and fee(s) are sub	mitted for filing.	
Please	e return a	II correspoi	ndence concerning this matter	to the following:	
			Filing Angela		
				Name of Person	
			ZenBusiness, Inc.		
				Firm/Company	
			336 E. College Ave., Suite	301	
				Address	
			Tallahassee, FL 32301		
			fultillment@zenbusiness.co	City/State and Zip Code	<del></del>
			E-mail address: (	to be used for future annual report not	fication)
For fu	urther info	ormation co	oncerning this matter, please ca	all:	
Filing	g Angela			844 493-6249 at ()	
		Name of	Person	Area Code Daytim	e Telephone Number
Enclo	sed is a c	heck for th	e following amount:		
<b>■</b> \$:	25.00 Fili	ing 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LynnStead Gardens LLC		
( <u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 1.23000063926	Company were filed on 02/03/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		285
The state of the s		2023 #4 77
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		ter the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	Lines i un una meet alauress	
<del></del>	, Florid:	1 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
AMBR	Margaret LOFTMAN	308 North B St Lake Worth, FL 33-460	■ Add
			☐ Remove
			Change
			Add
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			□ Change
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		-15-15-1	□ Change
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fective date, if other than the dance of the date is listed, the date must be the date of the date of the Deport of the Dep	e specific and cannot be pric k does not meet the appli	icable statutory filin	(optional) fore than 90 days after filing.) g requirements, this date w	Pursuant to 605.020 vill not be listed a
record specifies a delayed of the 90th day after the recor	effective date, but no d is filed.	ot an effective t	ime, at 12:01 a.m. o	n the earlier o
	2023			
ted February 24	. 2025	<del></del> ·		
ted February 24  /s/ JAMES LOFT				

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Filing Fee: \$25.00