L23000145045

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	orations		
SUBJECT:	Lucy Des more, LLC Name of Limited Liability Company		
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
·	Ü	, ,	
		way Is	Smore
		Name of Person	
	Luc	Ey Desmo	re, LLC
	i.	t Paradise	
	Daytona		32119
	E-mail address: (to	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	South.net
For further information cor	acerning this matter, please cal		_
Lu		ne at 386, 29	5-7758
Name of I	'erson'	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:		Street Address:	
Registration Se Division of Co		Registration Sec Division of Corp	
P.O. Box 6327		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lucy D)esmor	e LLC			
(Name of the Limited Lability Co (A Florida Lim	ompany as it now appears sited Liability Company)	s on our records.)		_	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L230001450</u>		3/22/202	2 <u>3</u> and	l assigne	:d
This amendment is submitted to amend the following:					
	Desmor	e, LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	esignation "LLC" or the a	bbreviation	1 "L.L.C.'	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>				
Enter new mailing address, if applicable:	•••				
(Mailing address MAY BE A POST OFFICE BOX)			r o	- C3 - C3 - C3	
			<u> </u>	5	<u> </u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our re	cords, <u>enter the nam</u>	ne of the	néw res	gistered
			· .		
Name of New Registered Agent:			<u> </u>	<u>φ</u>	
New Registered Office Address:			₹) ~	=	
	Enter Flori	ida street address			
		, Florida			
	City		Zip Co	ode	
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>				

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>	Name	Address	Type of Action
			□Add
			Псточе
			☐ Change
			□Add
			Change
			□Add
			Remove
			Change
 			□Add
		 	Петюче
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If an eff <u>Note:</u>	ive date, if other than the date of filing:
e recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	May 17, 2023.
	Signappre of a member or authorized representative of a member
	Lucy Stewart Desmove Typed or printed name of signee

Filing Fee: \$25.00