# LZ3000231674

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Office Use Only



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### **COVER LETTER**

<del>-</del>	o Homes, LLC		
SUBJECT:	Name of Limite	d Liability Company	
The enclosed Articles of	Amendment and fee(s) are submi	itted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	Lisa Manno		
		Name of Person	
	Lisa Manno Homes, LLC		
		Firm/Company	
	444 Baycrest Dr		
		Address	<u> </u>
	Venice, FL 34285		
		City/State and Zip Code	
	lisa@lisamanno.homes		
	E-mail address: (to	be used for future annual report notifi	cation)
For further information of	concerning this matter, please call	:	
Lisa Manno		941 223-4862 at ()	
Name (	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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)

**Registration Section** 

**Division of Corporations** 

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lisa Manno Homes, LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number 123000231674	May 10th, 2023 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
Lisa May Manno, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	
	^?Y
Enter new mailing address, if applicable:	SSE TO
Mailing address MAY BE A POST OFFICE BOX)	STA:
	ाने ●
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:  Name of New Registered Agent:	r records, <u>enter the name of the new reg</u> i
New Registered Office Address:  Enter I	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

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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			□ Remove
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