3/28/25, 9:49 PM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : S.LLANIO BUSINESS SERVICES INC

Account Number : I20200000011 Phone : (239)542-9104 Fax Number : (239)540-1760

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: s.llaniobusiness@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LYSEIS GENERAL SERVICES LLC

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Second Notice!!

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

LYSEIS GENERAL SERVICES LLC					
(<u>Name of the Limited Linbility C</u> (A Florida Lin	ompany as it now appears of nited Liability Company)	n our records.)			
The Articles of Organization for this Limited Liability Com	pany were filed on 07/06/	2023 and assigned			
Florida document number L23000321215					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company here:				
LYSEIS LLC					
The new name must be distinguishable and contain the words "Limited	Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRES.	<u></u>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our reco	rds, enter the name of the new registered			
Name of New Registered Agent:	<u>.</u>				
New Registered Office Address:					
	Enter Florida s	treet address			
	Florida				
	City	, Florida Zip Code			
New Registered Agent's Signature, if changing Registered Ag	ent:				
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my as provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document is			

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 = M $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
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<u>ite:</u> If the date ins	her than the date ed, the date must be serted in this block of date on the Depart	loes not me	et the applical	date of filing o	or more than 90 iling requiren	(options days after fili nents, this da	il) ng.) Pursumit to ite will not be	605.0207 listed as
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•	Sign	nture of a me	mber or author	ived representa	tive of a memb	C t		•

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