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## **COVER LETTER**

TO: Registration Section Division of Corporations	,
SUBJECT: LYONS True	CKNLCC
Name of Limite	d Liability Company
The enclosed Articles of Amendment and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to	the following:
Willy	am Lyons
	Name of Person
Lyons	, Trucknille
	Firm/Company
1285 Nu	2 85 Terr
	Address
Wrac St	11/195,71 330/1
Lynnsta	City/State and Zip Code  (JCK) 0477@amail.com
E-mail address: (10	be used for future arrual report notification)
For further information concerning this matter, please call	l:
William Lyons	an 954, 204-7393
Name of Person	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 & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address: Registration Section
Registration Section Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company were filed on		igned
This amendment is submitted to amend the following:	bemitted to amend the following:  e. enter the new name of the limited liability company here:  stinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  offices address, if applicable:  ess MUST BE A STREET ADDRESS)  ddress, if applicable:  Y BE A POST OFFICE BOX)  registered agent and/or registered office address on our records, enter the name of the new registered of registered office address here:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:		. <u>-</u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:	ecords, <u>enter the name of the nev</u>	v registered
	•	~.? :_? ~.? &.3
Name of New Registered Agent:	· .	<del></del>
New Registered Office Address:		- 1 ! =:
	ida street address	<u></u>
	, Florida	<del>-</del>
City	Zip Code -	.≓ ∙n

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.

New Registered Agent's Signature, if changing 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
MGR	william Lyons	1285 N.W. 85Ter	DAdd
	·	Wral Springs. Fg 3	3071 □Remove
			□Change
<del></del>			□Add
			□Remove
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f an effectiv Note: If t	date, if other than the date is listed, the date in this less of the date on the	ust be specific and block does not m	cannot be prior to	date of filing or moole statutory filing	re than 90 days after	nal) filing.) Pursuant to 605.0207 date will not be listed as
e record sp d is filed.		ive date, but not	an effective tim	e, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
Dated	Sept :	25	2023	≥.		
		/	1 .	•		
		ulli	bea LX	ized representative		

Typed or printed name of signee