## 123000389204

s Name)
Zip/Phone #)
WAIT MAIL
Entity Name)
Number)
ertificates of Status
ficer:
n. 5
Cont
$\checkmark$

Office Use Only



900419127769

J. Dennis 1/24/24 11/17. 23--01032--013 \*\*60.00

23 NGV 17 PM 1:29

## **COVER LETTER**

Division of C			
LGP EST	ATES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	ANITA FIELDER		
		Name of Person	
	LGP ESTATES LLC		
		Firm/Company	<del>-</del>
	7320 FLETCHER AVENU	JIE	
		Address	
	TAMPA 33637		
		City/State and Zip Code	
	EMPRESSANGEL313@G	MAIL.COM  to be used for future annual report notif	ication)
For further information	i co-cerning this matter, please c		
CARISHA GIBBS		646 934 0047	7
Namo	e of Person	at () 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)
<u>Mailing Addı</u> Registratioi		Street Address: Registration Sec	etion
Division of	Corporations	Division of Con	porations
P () Box 6	527	The Centre of T	анапаѕѕее

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

23 NOV 129

LGP Estates LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	Company were filed on	18 August 2023	and assigned
Florida document number L23000389204			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited l <u>iability company</u>	here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," th	ne designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	
(Principal office address MUST BE A STREET ADDR	<u> </u>		
		<del></del>	
Enter new mailing address, if applicable:		<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)	-		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on ou	r records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
<del></del>	Enter	Florida street address	
	City	Florid	Zip Code
N. D. Carrier D. Charles and E. Charles and D. Charles and C. Char	•		zip Coae
New Registered Agent's Signature, if changing Registere			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance gent as provided for i ed office address, I he	of my duties, and I n Chapter 605, F.S.	am familiar with and . Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

8-1-6-5-6

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
-			□Add
			□Remove
			□ Change
MGR	Ambrica Harris	501 16th Avenue apt E10 N Phoenix, AL 36869	\ \ Add
			Remove
			□Change
MGR	Carisha Gibbs	25 Lexington Hill Harriman Ny 10926	🗀 Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		□Add	
			□Кепюче
			□Change

_	
_	
_	
_	
_	
_	
_	
lf an effec Note:   I	e date, if other than the date of filing:
e record rd is file	specifies a delayed effective date, but not an offective time, at 12:01 a.m on the earlier of: (b) The 90th day after the l.
Dated _	ovember 9
_	Signature of a member or authorized representative of a member
	Anim Kirlden
	Anita Fielder

Filing Fee: \$25.00