

L24000039693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

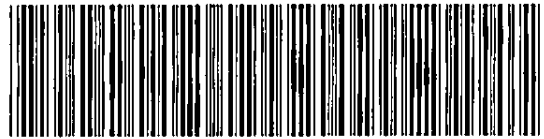
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/20/24 -- 01010--029 **25.00

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3/4/24

2024 FEB 20 PM 9:25

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOME BY LISA

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELISE N MEAGHER, LLC

Name of Person

HOME BY LISA

Firm/Company

3031 SW VITTOR STREET

Address

PORT SAINT LUCIE, FL. 34953

City/State and Zip Code

ELISEPOM@GMAIL.COM

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

ELISE MEAGHER

561
at ()

2153536

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 &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

2025 FEB 20 PM 9:25

HOME BY LISA

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|--|
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I JUST WANT MY NAME TO HAVE THE LLC ATTACHED TO IT. THE DBPR SAID I NEEDED TO
UPDATE MY NAME BY ADDING THE LLC TO SUNBIZ BEFORE IT COULD BE CHANGED BY
THE DPBR ON MY LICENSE.

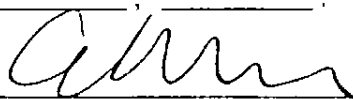
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated FEBRUARY 12, 2024



Signature of a member or authorized representative of a member

ELISE N MEAGHER, LLC

Typed or printed name of signer