L24000129958

(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies		
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04/17/24--01804--801 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	J.
SUBJECT:	a.
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person Real Estate Firm/Company 10154 Clubbause Tun Rel Address Lake Worth FL 33449 City/State and Zip Code 10514 Clubbause Toda City/State and Zip Code 10514 Clubbause Tun Rel City/State and Zip Code	
For further information concerning this matter, please call:	
Name of Person at (56), 563-3274 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	f Status & - oy

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

LRF Consulting LCC	
(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 Company were filed on 3/15/34 and assigned Florida document number <u>L04co0129958</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: LISA R. FLOHCHOT LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) .	<u> </u>
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new regi</u> agent and/or the new registered office address here:	<u>stere</u>
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
, Florida	
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 wi provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and	th the l

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. Thereby 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
			□Remove
			□ Change
			□Add
			□Remove
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faati	ve date, if other than the date of filing: (optional)
n effe <u>ete:</u>	ective 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 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
ecore is fil	I 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
ited .	4/10 0024
	Signature of a member or authorized representative of a member
	Lisa R. Fletcher