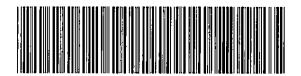
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## **COVER LETTER**

Division of Co	rporations		
LSSappLL	.C		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Lona Sapp		
	4 9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Name of Person	
	<del></del>	Firm/Company	
	21638 Snyder RD		
		Address	
	Dade City, FL 33523		
	lonasapp1962@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
Lona C Sapp		352 206-7632	
Name (	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address:	ues .

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

LSSappLLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records mited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Com- lorida document number L24000208532	pany were filed on 05/03/2024	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	l liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	22
		<u> </u>
nter new mailing address, if applicable:		୍ରି <b>ଜ</b>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Pla	orida
	City	Drida Zip Code

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 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.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lona C Sapp	21638 Snyder RD	<b>=</b> Add
		Dade City, Fl 33523	□Remove
			□Change
			□Add
			□ Remove
		<del></del>	Change
	-		□Add
			⊡Remove
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			□ Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□Change

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Signature of a member or authorized representative of a member	Dated		
Signature of a member or authorized representative of a member	V		
y Constitute of a mentoer of authorized representative in a member	-3	Signature of a member or authorized representative of a prember	
		, a member of authorized representative of a member	
Stephan A Sapp  Typed or printed name of signee	Stephan A		

Filing Fee: \$25.00