L24000276018

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
0.07.40.10.10.
Certified Copies Certificates of Status
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10/22/24--01011--002 **7.50

09/08/24--01024--016 **52.50

FILED
2024 OCT 21 AM II: 50
TALLAHÁSSEE FLURÍDA

COVER LETTER

Division of Corp	orations		
SUBJECT: E	Lay Blity Name of Lini	Managment 1 ted Liability Company	LLC
The enclosed Articles of A	amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
		Lymore Name of Person ality Managner Finn/Company	
		•	<u> </u>
	1485 /-/0/	Lywood pre Address	
	EUSAS, Dougland address: (6	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	fication)
For further information co	ncerning this matter, please ca		
Dwy pne ,	Lymon Person	at (<u>35)</u> <u>404 – 8</u> Area Code Daytime	227 e Telephone Number
Enclosed is a check for the	following amount:	DQ.	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

· TO:

Registration Section

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



September 13, 2024

DWAYNE C LYMORE EER LOYALTY MANAGEMENT LLC 1985 HOLLYWOOD AVE EUSTIS, FL 32726

SUBJECT: E ER LOYALITY MANAGMENT LLC

Ref. Number: L24000276018

We have received your document for E ER LOYALITY MANAGMENT LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

RUSSELL L HUNT Regulatory Specialist III

OCT 21 2024

Letter Number: 024A00020526

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	rpany as it now appears on o	ur records.)
(A Florida Limite	ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>Sune</u>	18, 2024 and assigned
Florida document number <u>LZ400276018</u>	· —	
forma document number <u>L27000 & 1007 6</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
eer Loyalty Manageme The new name must be distinguishable and contain the words 'Limited Lie	ent LLC	
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designa-	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
	- -	
<u> Principal office address MUST BE A STREET ADDRESS)</u>		
		A 0
Enter new mailing address, if applicable:		F I
•••		SS. P
Mailing address MAY BE A POST OFFICE BOX)		
		AM III
		~~ .
B. If amending the registered agent and/or registered offic	e address on our record	s, enter the name of the lew register
gent and/or the new registered office address here:		-
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida str	eet address
		, Florida
	City	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, 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
			☐ Change
			□Add
			□Remove
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ective date, if other than the date of filing:	filing or more than 90 da	(optional) ys after filing.) Purs	uant to 605.0207
n effective date is listed, the date must be specific and cannot be prior to date of	itory filing requiremen	its, this date will	not be listed as
fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable state cument's effective date on the Department of State's records.			
te: If the date inserted in this block does not meet the applicable state			
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Filing Fee: \$25.00