

(Reque	estor's Name)
(Addre	ess)
(Addre	ess)
(City/S	state/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ess Entity Name)
(Docur	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fili	ng Officer:
	muk





08/12/24--01018--011 **25.00

COVER LETTER

Registration Section Division of Corporations

TO:

nding, LLC		
	ited Liability Company	
Amendment and fee(s) are sub	omitted for filing.	
ndence concerning this matter	to the following:	
Austin Hair		
	Name of Person	
	Firm/Company	
5303 Jessamine Ln.		
	Address	
Orlando, FL 32839		
	City/State and Zip Code	
-	to be used for future annual report perification)	
	·	
	803 984-6733 at ()	
f Person	Area Code Daytime Telephone Number	
ne following amount:		
□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifica (additional copy is enclosed) Certified	te of Status &
<u>s:</u> Section	Street Address: Registration Section	
orporations	Division of Corporations	
		10
	Name of Lim Amendment and fee(s) are sub ndence concerning this matter Austin Hair 5303 Jessamine Ln. Orlando, FL 32839 austinhair@me.com E-mail address: (concerning this matter, please concerning this matter, please concerning this matter of Status see Certificate of Status	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Austin Hair Name of Person Firm/Company 5303 Jessamine L.n. Address Orlando, FL 32839 City/State and Zip Code austinhair@me.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: Area Code Thereon There

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lantzes Landing, LLC			
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	any as it now appears on our i Liability Company)	records.)
The Articles of Organization for this Limited Liab Florida document number	ility Company	were filed on 06/20/2024	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ne limited liab	oility company here:	
he new name must be distinguishable and contain the word	ls "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		5303 Jessamine Ln.	
		Orlando, FL 32839	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5202 (
		5303 Jessamine Ln.	``.
		Orlando, Fl. 32839	,
3. If amending the registered agent and/or regi	internal office	addragg on our records	; antau tha nama af tha áin naois
gent and/or the new registered agent and/or registered office address l		address on our records, g	enter the name of the new regist
			ω
Name of New Registered Agent:			
New Registered Office Address:	5303 Jessamin	e Ln.	
New Registered Office Address.		Enter Florida street (address
	Orlando		. Florida ³²⁸³⁹
•	-	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 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
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□ Change
			□Add
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			□Adđ
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

). If amending a	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	<u> </u>
418-11	
(If an effective date Note: If the date	c, if other than the date of filing:
the record specific cord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Augus	st 7
	Signature of a member or authorized representative of a member
,	
Aus	Typed or printed name of signee

Filing Fee: \$25.00