## L24000367538



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SECTION SECTIONS

## **COVER LETTER**

TO:	Registration Sec Division of Corp				
SUBJEC		ealtor SWFL LL-C			
SUBJEC	vI:	Name of Lim	ited Liability Company		<del></del>
The encl	osed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspon	dence concerning this matter	to the following:		
		Lisa Dean			
			Name of Person		
			Firm/Company		<del></del>
		8969 Pasco De Valencia St			
			Address		
		Fort Myers, Fl 33908			
			City/State and Zip Code		
		lisa_dean60@yahoo.com			<del>_</del>
		E-mail address: (	to be used for future annual repo	ort notification)	
For furtl	ner information co	ncerning this matter, please ca	all:		
Lisa De	an		631 478-59 at ()		
	Name of	Person	Area Code	Daytime Telephone Nun	nber
Enclosed	d is a check for the	following amount:			
	.00 Filing Fec	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certif d) Certif	Filing Fee. ficate of Status & fied Copy fonal copy is enclosed)
	Mailing Address	i ,	Street Addr	ress:	

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

(Name of the Limited Liability Comp	any as it now appears on our records,) Liability Company)	<del></del> .
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 08/21/2024	and assigned
Torida document number 1.24000367538		
this amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Lisa M Dean LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		22
		<u></u>
		11 N
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		1 E
<ol> <li>If amending the registered agent and/or registered office gent and/or the new registered office address here:</li> </ol>	address on our records, enter th	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	Lines I wind meet address	
	, Flor	ida Zip Code
	~··/	and, success

## New Registered Agent's Signature, if changing Registered Agent:

Line Date of Children

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Remove
			□Change
			□Add
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ective date, if other than the reffective date is listed, the date must	date of filing: be specific and cannot be pr	rior to date of filing	or more than 90 day	<b>(optional)</b> 's after filing.) Pursuar	it to 605,0207
te: If the date inserted in this blo	ock does not meet the app	dicable statutory	filing requiremen	ts, this date will not	be listed as
cument's effective date on the Do	epartment of State's recor	ras.			
cord specifies a delayed effective	date, but not an effective	e time, at 12:01 a	ı.m. on the earlier	of: (b) The 90th d	lay after the
s filed.					
September 18,	2024				
red		·			
	N -0				
dua.	Signature of a member or a	uthorized represent	ative of a member		
			and the second second		
Lisa Dean					
	Typed or or	rinted name of sign			