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## **COVER LETTER**

	ation Sec n of Corp	ction porations		
Lei SUBJECT:	ns and Lo	yalty Co.		
30BJEC1:		Name of Lim	ited Liability Company	
The enclosed Ar	ticles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all	correspor	ndence concerning this matter	to the following:	
		Erick Innis		
			Name of Person	<del></del>
		Lens and Loyalty Co.		
			Firm/Company	
		1470 9th st sw		
			Address	
			11447400	
			City/State and Zip Code	
		naples fl 34117	City/State and Zip Code	
			to be used for future annual report noti	fication)
For further infor	mation co	oncerning this matter, please c	all:	
erick innis			757 6206010	•
	Name of	Person	at ()	e Telephone Number
			,	.,
Enclosed is a che	eck for the	e following amount:		
□ \$25.00 Filin	g 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)
	Address ration S		Street Address: Registration Sec	ction
Division	on of Co	orporations	Division of Cor	porations
	ox 6327 assee F	7 L 32314	The Centre of T	
ianan		D 25317	Z413 N. MONTO	e Street, Suite 810

Tallahassee, FL 32303

LENS P LOYALTY Co. LLC.

Erick Innis

757 620 6010

1470 9th St Su. NAPLES, FL 34117

.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lens and Layalty Co.

LENS & LOYALTY CO. LLC

2024 C 17 - 7 PM 5: 25

(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 Lia	bility Company v	were filed on 🛧	ugust 28-2024	08/29/2024 and assigned
Florida document number L24000380163				
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabil	lity company h	ere:	
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the	designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE B	(OX)			
B. If amending the registered agent and/or reagent and/or the new registered office address	• • • • • • • • • • • • • • • • • • • •	ddress on our	records, <u>enter</u>	r the name of the new registered
Name of New Registered Agent:	erick innis	_		···
New Registered Office Address:	1470 9th st sw	Fnter Fl	orida street addre	Jer.
	naples	isher i n		
		City	, F	lorida 34117 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

lf 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

Title	<u>Name</u>	Address	Type of Action
MGR	Erick Innis	1470 9th st sw naples fl 34117	≣Add
			□Remove
			□ Change
AMBR	Alyssa Innis	<del></del>	□ Add
			□Remove
			🖺 Change
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Filing Fee: \$25.00