Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000400193 3)))



H2400040019334BCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502 **Enter the email address for this business entity to be used for future 🕆 annual report mailings. Enter only one email address please. Email Address:__ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAZENBY PROPERTY MANAGEMENT LLC Certificate of Status Certified Copy

Page Count

Estimated Charge

Electronic Filing Menu Corporate Filing Menu

Help

06

\$55.00

(D)

From: Rajiv Srivastava

COVER LETTER

TO:	Registration Se- Division of Cor			
eren u		PROPERTY MANAGEMEN	TLLC	
SORT	ECT:		Name of Limited Liability Company and fee(s) are submitted for filling. erning this matter to the following: with Name of Person Dim.com, Inc. Firm/Company ectrum Dr Address EX 78717 City/State and Zip Code arthen@yahoo.com E-mail address: (to be used for future annual report notification) is matter, please call: 800 773-0888	
The en	elosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Mike Town		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		9900 Spectrum Dr		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Austin, TX 78717		
		sharonwarthen@yahoo.con	· ·	
		• •		ication)
For fur	ther information co	oncerning this matter, please ea	ıll:	
Mike '	Town		800 773-0888	
Name of Person			at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$2	5.00 Filing Fee	S30.00 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

From: Rajiv Srivastava

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAZENBY PROPERTY MANAGEMENT LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were file Florida document number 1.24000484515	ed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comps	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ado	· · · · · · · · · · · · · · · · · · ·
registered agent and/or the new registered office address here:	3. S.
Name of New Registered Agent:	2- 6
New Registered Office Address:	
	Enter Florida street 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 Changing Registered Agent, Signature of New Registered Agent

From: Rajiv Srivastava

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

• Page: 15 of 24

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SHARON LAZENBY		□ Add
		13700 Little Rd Unit 2023 Hudson, FL 34667	■ Remove
			☐ Change
AMBR	Michael L. Lazenby	13700 Little Rd Unit 2023 Hudson, FL 34667	■ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			D Add
			Remove
			☐ Change
			D Add
			□ Remove
		·	☐ Change
			□ Add
			☐ Remove
			☐ Change

f amending any	v other informatio	on, enter change(s)) here: (Attach a	dditional sheets.	if necessary.)	
						
						•
			1-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
		·				
						
		************		·		
						
-						
		· · · · · · · · · · · · · · · · · · ·				
		····				
						
-						
				<u>-</u>		
		***			-	<u> </u>
						
ffective date. i	f other than the da	ite of filing:			(optional)	
an effective date is	f other than the da disted, the date must be	e specific and cannot be	prior to date of film	g or more than 90 day	s after filmg.) Pursu	ant to 605.0207 (3)(b)
	inserted in this block ive date on the Depa			v filing requiremen	ts, this date will n	ot be listed as the
ocument s effect	ive date on the Depa	itiment of state's rec	corus.			
e record spec	ifies a delayed e	effective date, bu	it not an effect	ive time, at 12	:01 a.m. on th	ne earlier of:
The 90th day	y after the record	d is filed.				
12/04/202	4					
Aucu		·	·			
/S/	Michael	zenhv				
	Michael L. Laz	gnature of a member of	and the second second	(1.1		
	Sij	gnature of a member of	r aumorized represer	nauve or a member		
VCA	el L. Lazenby					

To:

Page 3 of 3

Filing Fee: \$25.00