Na 1 000 00 6337

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



200367395122

06.08.431--01907--021 ++32.50

JUN 07 2021

R. WHITE 123 0 2021

COVER LETTER

TO: Registration S	Section		
Division of C	orporations		
	.	× 6 -	-1.0
SUBJECT:	Dety Lacro	sse the I	L DC ·
Nar	ne of Florida Limited Par	thership or Limited Liability	y Limited Partnership
The enclosed Certific	cate of Amendment ar	nd fee(s) are submitted	for filing.
Please return all corre	espondence concernir	ng this matter to:	
Aime	e Le Claip		
	Contact Person		
Defy 1	Contact Person acrosse the Firm/Company	EINC.	
-	Firm/Company '	•	
1140 SE	21 Stree	<u>t</u>	
	Address		
Olleeche	bee 6 31	1974	
C	ity, State and Zip Code	<u> </u>	
	a	· 1	
E-mail address: (to	clair 87 @90 be used for future annual	report notification)	
`		1	
For further informatic	on concerning this ma	otter inlease call:	
	C	•	
Aimes 100	yair	at (352) 61 Area Code and Days	3- 5498
Name of Contac	t Person	Area Code and Dayt	ime Telephone Number
Englaced is a sheet f	or the following amo		
Eliciosed is a check i	or the following amou	unt.	
S52.50 Filing Fee	□\$61.25 Filing Fee	□\$105.00 Filing Fee	□S113.75 Filing Fee,
	and Certificate of	and Certified Copy	Certified Copy, and
	Status		Certificate of Status
Mailing Address:		Street Addre	288:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee			
Tallahassee, FL 3231	4		roe Street, Suite 810
		Tallahassee.	FL 32303



2321 AUG -2 PH 12: 42

Letter Number: 321A00015913

July 12, 2021

AIMEE LECLAIR 1140 SE 21ST ST OKEECHOBEE, FL 34974

SUBJECT: DEFY LACROSSE INC.

Ref. Number: N21000006337

We have received your document for DEFY LACROSSE INC. 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 PARTNERSHIP, 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) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:	Defy	Lauros	sse Inc.	
		000063		
DOCUMENT NUMBER:	Natu	<u></u>	<u> </u>	
The enclosed Articles of Amendment ar	nd fee are submitted fo	or filing.		
Please return all correspondence concer	ning this matter to the	following:		
	Amee	LeCla of Contact Person	بر ۱	
	Defy La	CMSSe rm/ Company)	Inc.	
i	5 SE 21	St Stre	et	
016	Le Chab (City/S	State and Zip Code	3497	4
			nail . Com	
For further information concerning this	matter, please call:			
Aimee Lecla	ie_	at	352 - 613 - 3	5498
(Name of C	Contact Person)	(Are	ea Code) (Daytime Teler	ihone Number)
Enclosed is a check for the following ar	nount made payable to	the Florida Depa	ertment of State:	
	ate of Status Certi (Add	75 Filing Fee & fied Copy itional copy is osed)	Certificate of Status Certified Copy (Additional Copy is Enclosed)	> Paid
Moiling Address		Street	Address	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

Dofy Lacrosse Inc
(Name of Corporation as currently filed with the Florida Dept. of State) NO 1000006337
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent: _ Amee LeClaur
1140 SE 215 Street Okeechobee, fr 349 (Florida street address)
New Registered Office Address:
(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John De V Mike Je SV Sally Sr	ones .	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	Aimee Le Clain	1140 SF a1 = Street Oleschopes, Fr 34974
Remove			
2) Change Add			
Remove 3) Change Add Remove	_S	Jessica leClair	54 augustine FL 32092
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
There is	a ch	ange, Justica W	ingate leaves
the co	proca	tion. Aimeel	-clair hamed
Presiden	t. The	se should Noted	Las Jessica
Wingate, S	1 to Y	se removed. ai	mee le Clark,
Para	add #lb	di .	

The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval

.

There are no members or members entitled to vote on the amendment(s). The adopted by the board of directors.	e amendment(s) was/were
Dated June 1st, 2021	
Signature By the chairman or vice chairman of the board, president of the board president	or other officer-if directors s of a receiver, trustee, or
Himee Lectair (Typed or printed name of person	on signing)
President (Title of person sign	ning)