# 17000200426

(R	equestor's Name)	
(A	ddress)	
A)	ddress)	
(C	ity/State/Zip/Phone #)	
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(D	ocument Number)	
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JAN 1 5 2020 S. YOUNG



# **COVER LETTER**

### Registration Section Division of Corporations

LAMAR I JECT:	PROPERTIES INVESTMENTS	SLLC	
ober.	Name of Lim	ited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ise return all correspo	ondence concerning this matter	to the following:	
	JESSICA POSEY CPA		
		Name of Person	
	JESSICA POSEY CPA PA	4	
		Firm/Company	
	2950 HARVEST RD		
		Address	
	JAY, FL 32565		
		City/State and Zip Code	<del></del>
	WANDA@QUALITYROC	DFINGSOLUTIONS.COM	
	E-mail address: (	to be used for future annual report notifi	cation)
or further information of	concerning this matter, please c	ali:	
VANDA WEBER		850 777-0961	
Name o	t Person	at () Area Code Daytime	Telephone Number
Inclosed is a check for t	he following amount:		
\$25.00 Filing 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)

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### LAMAR PROPERTIES INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Aailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the		ility Company were filed on OCTOBER 5, 2017	and assigned		
If amending name, enter the new name of the limited liability company here:  : new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  iter new principal offices address, if applicable:  rincipal office address MUST BE A STREET ADDRESS)  inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the gistered agent and/or the new registered office address here:	rida document number L17000206426				
nter new mailing address, if applicable:  **Address MUST BE A STREET ADDRESS**  **Inter new mailing address, if applicable:  **Address MAY BE A POST OFFICE BOX**  **It amending the registered agent and/or registered office address on our records, enter the name of the egistered agent and/or the new registered office address here:	s amendment is submitted to amend the followi	ing:			
nter new principal offices address, if applicable:  rincipal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the egistered agent and/or the new registered office address here:	If amending name, enter the new name of th	e limited liability company here:			
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the egistered agent and/or the new registered office address here:	: new name must be distinguishable and contain the word:	s "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."		
nter new mailing address, if applicable:  **Aailing address MAY BE A POST OFFICE BOX)**  If amending the registered agent and/or registered office address on our records, enter the name of the egistered agent and/or the new registered office address here:	iter new principal offices address, if applicabl	le:			
nter new mailing address, if applicable:  **Aailing address MAY BE A POST OFFICE BOX)**  If amending the registered agent and/or registered office address on our records, enter the name of the egistered agent and/or the new registered office address here:	rincipal office address MUST BE A STREET	(DDRESS)			
gistered agent and/or the new registered office address here:		<u></u>			
Name of New Registered Agent:			ter the name of the new		
	Name of New Registered Agent:				
New Registered Office Address:  Enter Florida street address	New Registered Office Address:	Enter Florida street address			
. Florida		Florida			
, 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

nending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added emoved from our records:

R = Manager BR = Authorized Member

<u>e</u>	<u>Name</u>	Address	Type of Action
ıR ——	BRIAN WARD	3693 AVALON BLVD MILTON, FL 32583	■ Add
			Remove
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Effective date, if other than the offering effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	date of filing: be specific and cann ock does not meet t	the applicable s	e of filing or more statutory filing re	(option than 90 days after fi quirements, this o	nal) lling.) Pursuant to 605.0 date will not be listed	207 (3)(b) Las the
the record specifies a delayed The 90th day after the reco		, but not an	effective time	e, at 12:01 a.	m. on the earlier	of:
November 7 Dated	20	019				
	1					
	Signature of a memb	or or authorizad	roprocontation of a	member		
•	Signature of a memo	er or aumonzeu	representative of :	i membet		
Wanda Weber						

f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00