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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor			• •	,
SUBJI	ECT:	LORIMAT	T LL C		
		Name of Limit	ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please	return all correspo	ondence concerning this matter t	to the following:		
		Thier	ny DEN'S		
			Name of Person		
				•	-
			Firm/Company		
		2098	SEMINOLE Address	BLVD	
		(City/State and Zip Code	33778	
			•		
		E-mail address: (t	Den's 54@ 6714id	report notification	on)
For fu	rther information o	oncerning this matter, please ca	all:		
	Thiephy	DENIS	at (<u>727</u>)	687	2875
	Name c	of Person	Area Code	Daytime Tele	phone Number
Enclos	sed is a check for t	he following amount:			
J SZ SZ	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is end		□ \$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

LORIM	ATT LLC
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability of Florida document number	Company were filed on AMIL 1010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2020
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	- PR T
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
registered agent and/or the new registered office ad-	istered office address on our records, enter the name of the dress here:
New Registered Office Address:	Enter Florida stroot address
	, Florida
New Registered Agent's Signature, if changing Register	
provisions of all statutes relative to the proper and accept the obligations of my position as registered of	t and agree to act in this capacity. I further agree to comply with to complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address, I hereby confirm that the limited liability?
	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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
AMBR	ISARELLE DENIS		Add
		111 2nd AVE NE STELOI, S'	Remove
			☐ Change
			☐ Remove
			Change
			□ Add
	- -		☐ Remove
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(If an ef Note:	ive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at $12:01 \text{ a.m.}$ on the earlier of 90th day after the record is filed.
Dated	11/16 (November 16TH). 2020
	Signature of a member of authorized representative of a member
	Thie pay NEN'S Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00