## L21000509288

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SECRETARY OF STATE

## COVER LETTER

"Registration Section

TO:

Division of Cor	porations					
	. ESTATE & INVESTMENTS	LLC				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	LAUREN OLICKER    Name of Person					
Please return all correspo	indence concerning this matter	to the following:				
	LAUREN ÖLICKER		·			
		Name of Person				
		Firm Company				
	7750 OKEECHOBEE BL	VD, SUITE 4-345				
		Address				
	WEST PALM BEACH, FI	. 33411				
	L OLICKER@GMAIL.CO	•				
			ication)			
For further information c	oncerning this matter, please c	ull:				
CHELSEA JURENA	•	561 744-9547				
Name o	f Person	Area Code Daytime	: Telephone Number			
Enclosed is a check for t	ne following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Cértificate of Status	☐ \$55.00 F.hing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee; Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration 1 Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

FILED

LRO REAL ESTATE & INVESTMENTS, LLC

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

SECRET

The Articles of Organization for this Limited Liability Company were filed on 12/01/2021 TALL AHASSEE, and assigned Florida document number \_L21000509288 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LAUREN R. OLICKER, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

Thereby 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.

Cuv

Enter Florida street address

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

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ocument's effective date on the Department	or State's records			
record specifies a delayed effective date, but	not an effective t	ime, at 12:01 a.m. or	n the earlier of: (b) Tl	te 90th day after th
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cuar a	1/		2/1/2022	_
Signature (	of a member or auth	iorized representative o	f a member	