L23000064877

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

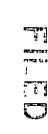
Office Use Only



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IMPORTANT NOTICE

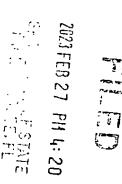
PLEASE SEND ALL DOCUMENTS –
APPROVED OR REJECTED TO THE ADDRESS
BELOW.

INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM



TO:

PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Thursday, February 16, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

Articles of Amendment For: LG FAM INVESTMENTS, LLC

We have included payment in the amount of \$25.00 for the following fees:

Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502



COVER LETTER

Division of Co	rporations				
SUBJECT: LG FAM	LINVESTMENTS, LLC				
	Name of Li	mited Liability Company			
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return all correspondent	ondence concerning this matte	r to the following:			
	Cama				
	Corpo	rate Maintenance Le	ead		
		Name of Person		•	
	Prod	cessing Department			
		Firm/Company			
		1450 Vassar St			
		Address			
		Reno, NV 89502		202	
		City/State and Zip Code			errore 1
	The state of the s			2	
		to be used for future annual report noti-	fication)	- :: -	j. S
For further information co	oncerning this matter, please o	all:		표를 모	j j j
Process	ing Department	at (800) 638-2320		4:2 STAT	الومدية
Name of		——— "' (<u> </u>	e Telephone Number	15 20	
Englosed is a short 6 - 4	C.H.				
Enclosed is a check for th					
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	

MAILING ADDRESS:

Registration Section

TO:

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 ARTICLES OF ORGANIZATION **OF**

LG FAM INVESTMENTS, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 02/03/23 and assigned Florida document number L23000064877
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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 office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
New Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment or 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

Page 1 of 3

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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LUIS GONZALEZ-REYES	.3130 Marion County Rd	
		Weirsdale	_
		FL, 32195	
			□ Remove
			Change
			Remove
			Change
			☐ Remove
			Change
			2023 FEB
			Renfore (77)
			Champe III
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recor	(optional) (ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at a seffective date on the Department of State's records. It is specified a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
	Fig16 2023.
ed	
ted	
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ted	Signature of a member or authorized representative of a member
ted	Signature of a member or authorized representative of a member LUIS GONZALEZ-REYES
ted	Signature of a member or authorized representative of a member LUIS GONZALEZ-REYES
ted	Signature of a member or authorized representative of a member LUIS GONZALEZ-REYES