L0400000**38455**

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LSI FLORIDA LLC

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NOV 20 2024

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2024 NOV 19 PH 4: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LSI FLORIDA 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 _04/15/2009_ and assigned Florida document number _L04000038455_.

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 "L.L.C."

Enter new principal offices address, if applicable:	3750 NW 16TH STREET
(Principal office address MUST BE A STREET ADDRESS)	LAUDERHILL, FL 33311
Enter new mailing address, if applicable:	3750 NW 16TH STREET
(Mailing address MAY BE A POST OFFICE BOX)	LAUDERHILL, FL. 33311

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:	CLAUDIA P. ALVAREZ
New Registered Office Address:	3750 NW 16TH STREET
	Enter Florida street address

LAUDERHILL , Florida 33311
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.

X _[signature]_

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MICHAEL H. MULLET	10 REDWOOD CIRCLE	■ Add
		PLANTATION, FL. 33317	■ Remove
			■ Change
MGR	CLAUDIA P. ALVAREZ	3570 SOUTHERN ORCHARD ROAD EAST	■ Add
		DAVIE, FL. 33328	■ Remove
			■ Change
			■ Add
			■ Remove
			■ Change
			■ Add
			■ Remove
			■ Change
			■ Add
			■ Remove
			■ Change
			■ Add
			■ Remove
			■ Change

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

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TALLAHASSEE, FLORIDA

E. **Effective date, if other than the date of filing:** _____ (optional)

(If an effective 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 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated: NOVEMBER 18   2024

λ   _Huley_
                    Signature of a member or authorized representative of a member

MICHAEL H. MULLET
                    Typed or printed name of signee

Filing Fee: $25.00