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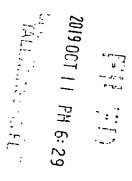
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COVER LETTER

	ration Sect on of Corp			•					
SUBJECT:		LORRAI	NE BENNETT LLC						
		Name of Lim	ted Liability Company						
The enclosed A	rticles of A	mendment and fee(s) are sub-	mitted for filing.						
Please return all	l correspon	dence concerning this matter	to the following:						
		LORRAINE BENNETT LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filling. Indence concerning this matter to the following: LORRAINE BENNETT Name of Person LORRAINE BENNETT LLC Firm/Company 45 16th STREET S Address ST PETERSBURG, FL 33705 City/State and Zip Code LORRAINE@LBR-REALESTATE.COM E-mail address: (to be used for future annual report notification) concerning this matter, please call: BENNETT at (813) 716-3997							
			Name of Person						
		LOF	RAINE BENNETT LLC						
			Firm/Company						
			45 16th STREET S						
		ST PE	TERSBURG, FL 33705						
	LORRAINE@LBR-REALESTATE.COM E-mail address: (to be used for future annual report notification)								
For further info	rmation coi								
LOPP	AINE RE	ENNETT	ar (813) 716-300	27					
LON	Name of I		Area Code Daytim	e Telephone Number					
Enclosed is a ch	neck for the	following amount:							
♥ \$25.00 Filir	ng Fec		Certified Copy	Certificate of Status & Certified Copy					
		NG ADDRESS:	STREET/COURI						

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FI. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LORRAINE	BENNETT LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on02/01/2007	and assigned
lorida document number		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
LORRAINE ZA		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	·: [·
Inter new principal offices address, if applicable:	1219 VESPER DR	900
Principal office address MUST BE A STREET ADDRESS)	FORT MYERS, FL 33901	<u> </u>
		3 ; ;
Enter new mailing address, if applicable:	1219 VESPER DR	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	FORT MYERS, FL 33901	
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		r the name of the
New Registered Office Address.	Enter Florida street address	·
	, 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

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
AMBR	STEPHEN G ZAHORIAN, JR	1219 VESPER DR, FORT MYERS 3	3901 _{-X} Add
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			Add
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reffectiv <mark>te:</mark> If tl	ve date is l he date ir	isted, the da iserted in t	in the date are must be s this block o the Depart	pecific and loes not n	l cannot be neet the ap	prior to date oplicable st	of filing or n	nore than 90 ng requiren	days after t	filing.) Pursi	uant to 605.020 not be listed a
			layed eff e record		late, but	not an e	effective	time, at	12:01 a	.m. on th	ne earlier o
ed	OCT	OBER	8 Sign	ature of a r	2019)	rpresentative	of a memb	er		

Page 3 of 3

Filing Fee: \$25.00