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SECRETARY OF STATE ALL AND SEEE, FI ORIDA

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S. YOUNG

COVER LETTER

Division of Cor			
SUBJECT:	Lawrence Bo	urris Consulting, Li	LC
SUBJECT.	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	indence concerning this matter	to the following:	
	La	wrence Barris Name of Person	
		Name of Person	
	Lawre	ence Barris Consu	King, LLC
		Firm/Company	
	3602	42 nd ST SW Address	
		Address	3 25
	Lehigh	Acres, FL 33976 City/State and Zip Code	17 Mar 21 PM 1: 09
	1	City/State and Zip Code	fication)
	barris 16 (29 mail : Com to be used for future annual report noti	Figurity
			(Realion)
For further information c	oncerning this matter, please co		
Lauvence	Barris	at (239) 8887- Area Code Daytim	1700
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Lawrence Bari	ris Lonsulting, LLC
(Name of the Limited Liability (A Florida	ris Lonsulting, LLC y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>との70006 4</u> 8/85	ompany were filed on 5/4/2609 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit Larry's Checselakes, LL	-C
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	ESS)
Enter new mailing address, if applicable:	7
(Mailing address MAY BE A POST OFFICE BOX)	P
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our records, enter the name of the new ess here:
Name of New Registered Agent:	
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>	Name	Address	Type of Action
			□ Add
			□ Remove
			Change
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an effective	ate, if other than the	be specific and	d cannot be prior	to date of filing or	more than 90 day	(optional) s after filing.) Pursua	nt to 605.0207
ote: If the cument's	e date inserted in this blo effective date on the De	ck does not n partment of S	meet the applica State's records.	ible statutory fil	ing requirement	s, this date will no	t be listed as
	specifies a delayed h day after the reco			an effective	time, at 12	:01 a.m. on the	e earlier of
ited	March 16th		, 2017	·			
		1.	, <u>2017</u> vence L	Banch			
_				rized representati	ve of a member		

Page 3 of 3

Filing Fee: \$25.00