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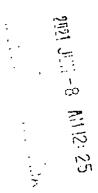
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COVER LETTER

Registration Section

TO:

Division of Cor	rporations		
Laura J Pa	rodi, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Laura J Parodi		
		Name of Person	
	Laura J Parodi, LLC		
		Firm/Company	, · <u> </u>
	6303 Blue Lagoon Drive.	Suite 466	
		Address	
	Miami, FL 33126		
	Lauriparodi@hotmail.com	City/State and Zip Code	
		to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	all:	
Laura J Parodi		305 300-2896	
Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for t	he 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)
Mailing Addres		Street Address:	Poetion
Registration ! Division of C		Registration S Division of C	
P.O. Box 632	•	The Centre of	•
Tallahassee,			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Laura J Parodi, LLC				
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records. a Limited Liability Company))		
The Articles of Organization for this Limited Liability C Florida document number L08000029494	Company were filed on 03/21/2008	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC"	or the abbres	riation Il.	C."
			نت. سنت	
inter new principal offices address, if applicable:				<u> </u>
<u> Principal office address MUST BE A STREET ADDI</u>	RESS)			
		. · <u>. · _ </u>	<u> </u>	
			12:	
Inter new mailing address, if applicable:		<u>-</u> - :	: 25	
Mailing address MAY BE A POST OFFICE BOX)		'		_
Hunning address may be a 10.51 Of The Boxy				
			<u> </u>	
B. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	ne name o	f the new	registe
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	. Flor	ida		
	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 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
MGRM	Laura J Parodi		□Add
			□Remove
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ffective date, if other than the an effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	e date of filing: ost be specific and cannot be prior to date block does not meet the applicable st Department of State's records.	(option of filing or more than 90 days after atutory filing requirements, this	onal) filing.) Pursuant to 60 date will not be lis	5,0207 (ted as t
record specifies a delayed effect d is filed.	ve date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day afte	er the
June 1st	2021			
	la mala al			

Filing Fee: \$25.00

Typed or printed name of signee