Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	:: ;	ine Ste
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	Phone	: (305)552-5973		ري ا
	Fax Number	: (305)675-5944	. – .	
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**Enter	the email addres :	s for this business entity to be used for	future	1-
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LANMAR DESIGN GROUP, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LanMar Design Group, LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u></u>	
The Articles of Organization for this Limited Liability Company	and assigned		
Florida document number L08000084194			
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		: <u>0</u>	
	<u></u>		
		P 25	
Enter new mailing address, if applicable:	1135 SW 94 Avenue		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33174		
	<u> </u>		
		· -	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our record re:	s, enter the name of the ne	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addre	<u> </u>	
	, F	lorida	
	*	-	

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 Yew Registered Agent

☐ Change

MGR = Manager

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

<u>Title</u>	Name	Address	 -
	Menter	<u>Address</u>	Type of Action
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(If an effecti Note: If t	date, if other than the date of filing: _ ve date is listed, the date must be specific and can the date inserted in this block does not meet 's effective date on the Department of State	not be prior to date of filing or more than 90 days to the applicable statutory filing requirements,	ptional) after filing.) Pursuant to 605 this date will not be liste	.0207 (3)(b) xd as the
the recor o) The 90	d specifies a delayed effective date Oth day after the record is filed.	e, but not an effective time, at 12:0	1 a.m. on the earlie	er of:
Dated	ne 19 2	019		
	Signature of a spém	ber of authorized representative of a member		
	Marilan M Martinez			

Page 3 of 3

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