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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
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21 MAY 17 PM 2: 56

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LOMZan Investments, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Frank Lombardozzi
Lomzan Investments, LLC
10611 SW Capraia Way
Pt. St. Lucie, Fla. 34986 City/State and Zip Code Ftlelectrical 1940 @gmail. com E-mail address: (to be used for future annual report publification)
For further information concerning this matter, please call:
Frank Lom bardozzi at (772) 260-1246 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

A CONTRACTOR CANADA 21 HAY 17 PH 2: 56

(Name of the Limited	In Ves+r Liability Company Florida Limited Lia	nents as it now appears bility Company)	LLC s on our records.)	21 MAY 17 PH 2: 56
The Articles of Organization for this Limited Liab Florida document number 4120006		ere filed on	5/23/2	O/2 and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the			NIF	
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the de	signation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		NIA	
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>.</u> <u>DX)</u>		NIA	
B. If amending the registered agent and/or reg agent and/or the new registered office address I		dress on our re	ecords, <u>enter the</u>	name of the new registered
Name of New Registered Agent:				
New Registered Office Address:	10611 51	W Capra Enter Flori	ida sireet address (34986 Zip Code
	14.54.L	ucie_	Florida	34986 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 = M $AMBR = A$	anager uthorized Member				
<u>Title</u>	<u>Name</u>	Address	21 HAY 17	PN 2: 56	Type of Action
mgRm	Frank Lombardozzi	1061151	U Capraia	Way	
			cie, Fla.		
					Change
MGRM_	Sylvia Lombardozu	10611 Sh) Capraia	Way	X \dd
		Pt. St. Li	icie, Fla	34986	□Remove
					□ Change
					□Add
					□Remove
					□Change
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			- transfer with a second		□Remove
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			<u></u>		□Change
					□ ∧dd
					□Remove
					□Change

amending any other information, enter change(s) here: (Attach additional)	William Constant
NIA	21 MAY 17 PM 2: 56
 	
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or ote: If the date inserted in this block does not meet the applicable statutory filencement's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m is filed.	on the earlier of: (b) The 90th day after the
ned May 10 . 2021.	
Signature of a member or authorized representative	ve of a member
Frank Lombardozzi Typed or printed name of signee	