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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corpor			
SURJECT:	AINMAR IN	VESTMENTS LLC	
SUBJECT: LAINMAR INVEST MENTS 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: CHRISTOPHE KUHN Name of Person SYNERGY GROVP Firm/Company 1900 N BAYSHORE DR SUITE 102			
		-	
Please return all corresponde	ence concerning this matter to	o the following:	
	CHRISTO	Name of Person	
	SYNER	G7 GROJE Firm/Company	
	1900 N	BAYSHORE DR	SUITE 102
·		F2 33132 City/State and Zip Code	
	PM S	YNERGY 68D. WIT.	ion
For further information conc	erning this matter, please cal	II:	••••
CHRISTOPHE Name of Pe	KUHN	at (786) 828.29. Area Code Daytime Te	21 Jephone Number
Enclosed is a check for the fo	ollowing 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 ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TALLEST OFFICE

(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on and assigned
Plorida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limits	TAVESTITEATS LLC ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1900 N BAYSHORE DR
<u>Principal office address MUST BE A STREET ADDRE</u>	ESS) SVITE 102
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u>− 258</u> 28 28 28 28 28 28 28 28 28 28 28 28 28
	Z OFF
·	
If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, enter the name of the
	TION:
Name of New Registered Agent:	CHRISTOPHE KUHN
New Registered Office Address:	1900 N BAXSHORE DR SJ. TE 102 Enter Florida street address
	Plani Florida 33132 City Zip Code
	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 Agont, 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

<u>Fitle</u>	<u>Name</u>	Address	Type of Action
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			Change
		 -	Add
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amending any	other information, ent	er change(s) he	re: (Attach addi	tional sheets, if ne	ecessary.)	
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