## L14 00000 35930

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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February 16, 2022

VIA EMAIL AND FIRST CLASS MAIL

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

Re: <u>Lam Warehouse Management, LLC (the "Company") / Document</u> No. L14000085930 / Amendment to Articles of Organization.

Dear Sir/Madam:

Enclosed herewith please find the required paperwork to amend the Articles of Organization for the above reference Company, along with my Scott A. Elk. P.A. check no. 4765 in the amount of Twenty-Five and 00/100 (\$25.00) Dollars which represents the filing fee to amend same.

Should you have any questions with regard to the foregoing, please do not hesitate to contact me.

Sincerely,

SCOTT A. ELK, P.A

⊃y. <u>∠\_\_</u>

Scott A. Elk. Esa.

SAE/JS

Enclosure

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Divis	sion of Cor	porations			
		REHOUSE MANAGEMENT. I	LC		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Scott A. Elk			
			Name of Person		
		Scott A. Elk P.A.			
		<del></del>	Firm/Company		
		1900 NW Corporate Boule	vard, Suite E201		
			Address		
		Boca Raton, Florida 33431			
			City/State and Zip Code	_	<del></del>
		Scott@scottelkpa.com			
			to be used for future annual	report notifica	ation)
For further in	formation c	oncerning this matter, please co	all:		
Scott A. Elk			561 36 at ( )	8-5551	
	Name o	f Person	Area Code	Daytime T	elephone Number
Enclosed is a	check for ti	he following amount:			
■ \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres		<u>Street A</u> Registr	.ddress: ration Secti	ion
		Corporations	<del>-</del>	on of Corpo	
	. Box 632	-	The Ce	entre of Tal	llahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

**OF** LAM WAREHOUSE MANAGEMENT, LLC

(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	<u>w appears on our records.</u> ) ompany)	
The Articles of Organization for this Limited Liability Company were file	d on May 28, 2014 and assign	
lorida document number 1.14000085930		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "L.L.C" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B. If amending the registered agent and/or registered office address o	on our records, enter the name of the new ro	
ngent and/or the new registered office address here:	in our recording enter the name of the second	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida Zip Code	
City	Zin Code	

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
D/VP	Jason Mintz	1320 Sunset Springs	<b>=</b> Add
		Weston, Florida 33326	□Remove
			□ Change
			□Remove
		<del> </del>	
	<del></del>		□Ādd
			AddRemove
			□ Change
			Bove E
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effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior  e: If the date inserted in this block does not meet the applicament's effective date on the Department of State's records.	date of filing or more than 90 days afte	ional) r filing.) Pursuant to 605.02 is date will not be listed
cord specifies a delayed effective date, but not an effective tiled.	e, at 12:01 a.m. on the earlier of: (I	b) The 90th day after th
ed February 16 . 2022	-·	
Solo Maired lipe	664-	
SANOW, Maised Lipea	zed representative of a member	