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## COVER LETTER

TO:	Registration Section Division of Corpora			
SUBJE	ect: Laurei	Mich	de Investments,	LLC
	<u> </u>	Name of	limited Liability Company	
The en	closed Articles of Ame	ndment and fee(s) are	submitted for filing.	
Please	return all corresponder	ice concerning this mat	ter to the following:	
		,	_	
		Laur	en Schwartz	
	_		Name of Person	<del></del>
	-		Firm/Company	
	_	228	Lone Dove Lane	/
			Address	
		Braden	On, FL. 34212 City/State and Zip Code	
	_	,	City/State and Zip Code	
		Lau	CNMS 4567 Wad. (s. (to be used for future annual report not	OM
		E-mail addre	s: (to be used for future annual report not	ification)
For fur	ther information conce	rning this matter, pleas	e call:	
/	Lauren Sch	hurentz	at (917) 680	10-6040
	Name of Per	son <b>i</b>		ne Telephone Number
		Į.		
Englos	ed is a check for the fo	llowing amount:		
<b>c)</b> S2:	5.00 Filing Fee	l \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
/ \		Certificate of Status	· · · · · · · · · · · · · · · · · · ·	Certificate of Status & Certified Copy
			(additional copy is enclosed)	(additional copy is enclosed)
		N		

#### 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

Limited Liability Company as it now appears on our records.)
[[A Florida Limited Liability Company] The Articles of Organization for this Limited Liability Company were filed on August 25, 2015 and assigned Florida document number 15000/43975 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.H.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) B. If amending the registered agent and or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida <sub>-</sub> City

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 New Registered Agent

	Authorized Person(s) authorized to m	nanage, <u>enter the title, name, and address of eac</u>	h person-being added
MGR = Ma AMBR = Au	inager ithorized Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Marc Schwartz	228 Lone Dove Lane	Add
		228 Lone Dove Lane Bradenton, FL. 34212	Āēmove
			Change
			D Add
			□ Remove
			Change
			🗖 Add
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D. If amending any other information, enterchange(s) here: (Attach additional sheets, if necessary.)	
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29	ASSE
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· 03	916.0 318.1
	(S) **
E. Effective date, if other than the date of filing: November 13, 20/7 (optional)	
(If an effective date is tisted, the date must be specific trait cannot be prior to date of filing of more than 90 days after filing.) Pursuant to 605 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	i.0207 (3)(6 ed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli (b) The 90th day after the record is filed.	er of:
Dated November 13 2017.  Shungan Chuart	
Signature of a member or authorized representative of a member  AUTON Schwartz	
Typed or printed name of signee  Page 3 of 3	

Filing Fee: \$25.00