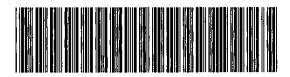
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Na | me) |
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| SUBJECT: | LZ | PR8, LLC | |
|------------------------------|--|---|--|
| | Name of Limit | ed Liability Company | |
| | | | |
| The enclosed Articles of Ar | mendment and fee(s) are subm | nitted for filing. | |
| Please return all correspond | lence concerning this matter to | o the following: | |
| | | | |
| | CHRISTOPHER J. HOERT | | |
| | | Name of Person | |
| | LAW FIRM OF GARY M. | SINGER, P.A. | |
| | | Firm/Company | |
| | 1391 SAWGRASS CORPO | RATE PARKWAY | |
| | - | Address | |
| | SUNRISE, FLORIDA 3332 | 3 | |
| | | City/State and Zip Code | |
| | CORP@GARYSINGERLAY | • | |
| | E-mail address: (to | be used for future annual report notification | on) |
| For further information con | cerning this matter, please cal | 1: | |
| CHRISTOPHER J. | HOERTZ, ESQ. | 954 851-1448 | |
| Name of P | erson | at () Area Code Daytime Tel | ephone Number |
| | | | |
| Enclosed is a check for the | following 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

Registration Section
Division of Corporations

TO:

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

| | LZ PR | 3, LLC | | |
|--|---|--|-----------------------------------|--------------------------|
| (Name of the Limi | ted Liability Compa (A Florida Limited I | ny as it now appea Liability Company) | rs on our records. | |
| The Articles of Organization for this Limited L Florida document numberL15000172198 | iability Company | were filed on | OCTOBER 6, 201 | and assigned |
| This amendment is submitted to amend the following | owing: | | | |
| A. If amending name, enter the new name of | f the limited liab | ility company h | ere: | |
| N/A | | | | |
| The new name must be distinguishable and contain the | vords "Limited Liabil | ity Company," the | designation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | N/A | | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | BOX) | N/A | | |
| B. If amending the registered agent and registered agent and/or the new registered o | | | n our records, <u>en</u> | iter the name of the new |
| New Registered Office Address: | | Enter Ele | orida street address | <u> </u> |
| | | Enter Flo | oriaa sireei aaaress , Florida | |
| | | City | | Zip Sode |

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

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> | <u>Address</u> | Type of Action |
|--------------|-------------------|--------------------|----------------|
| MGR | ERIC S BLOMSTER | 2235 6TH STREET | |
| | | SARASOTA, FL 34237 | Remove |
| | | | Change |
| AMBR | HENRIK T BLOMSTER | 2235 6TH STREET | Add |
| | | SARASOTA, FL 34237 | ■ Remove |
| | | | Change |
| AMBR | DAGNY R BLOMSTER | 2235 6TH STREET | |
| | | SARASOTA, FL 34237 | Remove |
| | | | □ Change |
| | | | D Add |
| | | | □ Remove |
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| N/A | | |
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| ective date, if other than effective date is listed, the date | must be specific and cannot be prior to date of filing or | (optional) more than 90 days after filing.) Pursuant to 6 |
| | is block does not meet the applicable statutory filine Department of State's records. | ng requirements, this date will not be if |
| | | |
| record specifies a dela he 90th day after the | yed effective date, but not an effective record is filed. | time, at 12:01 a.m. on the ear |
| ed MAY 24 | 2017 | 1 |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00