H24000363132 3 Division of Corporations

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> > (((H240003631323)))



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To:

Division of Corporations

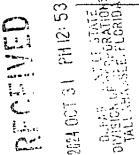
Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I2014000084 : (305)527-6617 Phone Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAM INVESTMENT HOLDINGS LLC

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Certified Copy	0	
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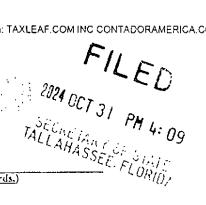
Electronic Filing Menu

Corporate Filing Menu

Help

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



LAM INVESTMENT HOLDINGS LLC

(Name of the 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 Florida document number <u>L15000210374</u>	on 12/18/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	
The new name must be distinguishable and contain the words "Limited Liability Company	," the designation "LLC" 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)	
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	ter Florida street address
	, Florida
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 provisions of all statutes relative to the proper and complete performan accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address, I company has been notified in writing of this change.	nce of my duties, and I am familiar with and or in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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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>	Name	Address	Type of Action
AMBR	ALAN KWOK H	19421 NW 6TH ST	□ Add
		PEMBROKE PINES, FL 33029	■Remove
			Change
AMBR	ALAN, MARIA	19421 NW 6TH ST	
	· · · · · · · · · · · · · · · · · · ·	PEMBROKE PINES, FL 33029	□ Remove
			□ Change
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cord specifies a delayed effective dat s filed.	s, but not an effec	tive tine, at 12:0	I a.m. on the earlier	ot: (b) The 90th	i day after the
OCTOBER 21ST	2024				
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Sign	ituse of a member o	r authorized repres	entative of a member		