

10/31/24, 11:37 AM

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Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L15000210374

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC  
Account Number : I20140000084  
Phone : (305)527-6617  
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.\*\*

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

Certificate of Status	0
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K. SALLY

NOV - 1 2024

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Corporate Filing Menu

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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)

**FILED**  
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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/18/2015 and assigned  
Florida document number L15000210374.

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.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 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 \_\_\_\_\_  
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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ALAN KWOK H	19421 NW 6TH ST	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALAN, MARIA	19421 NW 6TH ST	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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