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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

Division of Corporations
SUBJECT: Lahtech M. Parlamue CPA UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lahkertah M. Parramae CPA Name of Person
Rehlectsh M. Parramor CPA Name of Person Lahlectsh M. Parramor GALLC Firm/Company
2221 NE 164 Street, Such 388
North Miani, Beach, R 33160 City/State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Rah Ectah Garrannae at (77) 457-7625 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status} \Bigcup \text{\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \Bigcup \$100 Filing Fee, Certified Copy (additional c
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
Talianassee, T.E. 52501

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lanterful M. Purlance (Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 45000 213/53.	were filed on 148/15	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	previation "L.	L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	100 SE 2rd Street Dute 2000 Miami, FE 3313	3 /	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2221 NE 164 Sta Swife 388 North Miami Bea	ust ch,ti:	33/60
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name	of the new OIVISIO
Name of New Registered Agent:			<u> </u>
New Registered Office Address:		<u> </u>	- 1
	Enter Florida street address	=======================================	유유 유
	, Florida	Zin Coât	<u> </u>
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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 = MS $AMBR = AI$	anager athorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ective date, if other than the date of filing:	(optional)
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or te: If the date inserted in this block does not meet the applicable statutory fili	more than 90 days after filing.) Pursuant to 60
ument's effective date on the Department of State's records.	ng requirements, this date with not be his
record specifies a delayed effective date, but not an effective	time, at 12:01 a.m. on the earl
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Signature of a member or authorized representative	ra of a mambar
Signature of a member or authorized representative	

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Filing Fee: \$25.00