L160000039480

(Re	questor's Name)	
(Ad	dress)	
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COVER LETTER

Div.	ision of Corp	porations			
SUBJECT:	Platzman G				
Name of Limited Liability Company					
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Deborah Platzman			
Name of Person					
		Platzman Group LLC			
Firm/Company					
10411 SW 108th Ave, Apt D263					
			Address		
		Miami/FL 33176			
City/State and Zip Code					
		deborah_platzman@yahoo.			
		E-mail address: (to be used for future annual report notific	cation)	
For further in	nformation co	oncerning this matter, please ca	all:		
Deborah Pla	tzman		786 246-8819		
	Name of	Person		Telephone Number	
Enclosed is a	check for th	c following amount:	·		
■ \$25.00 F	iling 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)	

TO:

Registration Section '

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**

Platzman Group LLC			
(Name of the Limited Liab (A Flori	ility Company as it now appears on ou da Limited Liability Company)	ır records.)	
The Articles of Organization for this Limited Liability	Company were filed on February	11, 2016	and assigned
Florida document number L16000029480			
Torida document namber	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here:		
Lannal Group LLC			
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designati	ion "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:	 		
(Principal office address MUST BE A STREET ADL	ORESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
registered agent and/or the new registered office ad Name of New Registered Agent:	ldress here:		
New Registered Office Address:	Enter Florida stre	eet address	
	2000 0000		
	Citv	, Florida	Zip Code
Non-Designational Assemble Signatures of changing Designation	•		Lip Code
New Registered Agent's Signature, if changing Register			
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance of my di agent as provided for in Chapte red office address, I hereby con e.	ities, and I am fa er 605, F.S. Or, i firm that the limit	miliar with and this document is ted liability
	If Changing Registered Agent, Si	gnature of New Regi	Stered Agent
	Page 1 of 3	TATE	

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>	Address	Type of Action
MGR	Deborah Platzmon	10411 SW 108 Ave, Apt D263	□ Add
		Miami, FL, 33176	☐ Remove
			□ Change
			Add
			☐ Remove
			□ Change
			Add
			□ Remove
			☐ Change
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		,	□ Remove
			☐ Change
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		<u> </u>	Add Remove
			Remove
			BTATE Change

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			8	2000-1-2020-2-2020	
					
					
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Tective date, if other than the date in effective date is listed, the date must be size: If the date inserted in this block comment's effective date on the Depart record specifies a delayed efficient of the poth day after the record	specific and cannot be prior to does not meet the applica liment of State's records. Fective date, but not	ble statutory filing req	uirements, this o	ling.) Pursuan late will not	be listed as
March 4	2016				
	Well Sh	1		3	
Sign	ature of a member or author	rized representative of a	member c	E HAR	
Deborah Platzman			. n	TAR	
	Typed or printe	d name of signee	<u>त्रा</u> ता	Y OF A	
	Page	3 of 3	F	A II: 18	

Filing Fee: \$25.00