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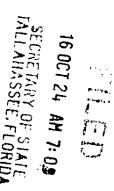
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COVER LETTER

TO:	Registration Sec Division of Corp						
OF ITS	Lorenza Ho	ldings LLC					
SUBJECT: Name of Limited Liability Company							
The e	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please	e return all correspon	ndence concerning this matter	to the following:				
		Larry Thompson					
			Name of Person	- 			
		Lorenza holdings LLC					
			Firm/Company	 			
		24401 SUMMER WIND C	COURT				
			Address	 			
		LUTZ / FL / 33559					
			City/State and Zip Code				
		LTHOMPS8@GMAIL.CO					
		E-mail address: (i	to be used for future annual report notific	cation)			
For fi	urther information co	oncerning this matter, please ca	alf:				
LAR	RY THOMPSON		813 435-0836 at ()				
	Name of	Person		Telephone Number			
Enclo	osed is a check for th	e following amount:					
S	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

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

LORENZA HOLDINGS LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our record da Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liability (Florida document number L16000060300	Company were filed on $\frac{3/25/2016}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Liu	mited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		ls, enter the name of the
Name of New Registered Agent:		17 21 17 17 17 17 17 17 17 17 17 17 17 17 17
New Registered Office Address:	Enter Florida street addre	w The second
	, F	lorida Z
	City	Gran 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

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
AMBR	RUDOLFO BALLESTROS		
	Remove	2460 Edgewater falls Dr Bandon	Remove
			Change
			Add
			☐ Remove
			☐ Change
		,	
			□ Remove
			☐ Change
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		,	10/17/2016					
ective date, if other effective date is listed, t	than the date	of filing: _		dota of filing	on more than 00 de	(optional)	Durmant to	. 605 (
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Typed or printed name of signee

Filing Fee: \$25.00