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(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Se Division of Cor			
Lanham In SUBJECT:	vestments, LLC		
5000ECT.	Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are submitted for filing.		,
Please return all correspo	ondence concerning this matter to the following:		
•	Elizabeth C Hoffman		
	Name of Person		
	Moms Tight Budget		
	Firm/Company		
	2024 Farm Way		
	Address		
	Middleburg, FL 32068	~ <u>~2</u>	
	City/State and Zip Code		~ []
	Momstightbudget@gmail.com		L+J-C-E AL
For further information	E-mail address: (to be used for future annual report notification)		i Tain
Elizabeth Hoffman	305 791-3544	52 0 P	
Name o	at () of Person Area Code Daytime Telephone	Number ? co	
Enclosed is a check for t	he following amount:	•	
© \$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed)	50,00 Filing Fee. Jehtificate of Status & Jertified Copy additionallyopy 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

Lanham Investments, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document number L16000115757	
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liab	ility company here:
Moms Tight Budget LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2024 Farm Way
Principal office address MUST BE A STREET ADDRESS)	Middleburg, FL 32068
Enter new mailing address, if applicable:	2024 Farm Way
Mailing address MAY BE A POST OFFICE BOX)	Middleburg, FL 32068
Truing unit is 12711 BETT 1 OST OF TION BOTT	Et al.
	23 - 23 - 23 - 24 - 25 - 25 - 25 - 25 - 25 - 25 - 25
B. If amending the registered agent and/or registered of	
egistered agent and/or the new registered office address her	e:
	Ex. S
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	3*
	Enter Florida street address
	, Florida
	City Zin 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

	Authorized Person(s) authorized From our records:	orized to man	age, enter the title, name, ar	t undak was done.		
MGR = Manager AMBR = Authorized Member		- No Wi	No Changes, last update was done with the renewal			
<u> Fitle</u>	<u>Name</u>		Address	Type of Action		
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				☐ Remove		
				Change		
		· 		Add		
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effective date is listed, e: If the date inserte	r than the date of fi the date must be specific ted in this block does no te on the Department of	and cannot be prior to ot meet the applicable	date of filing or more e statutory filing re	(optional) than 90 days after filing equirements, this date	.) Pursuant to 605
	a delayed effectiver the record is file		an effective tim	e, at 12:01 a.m.	on the earlie
α .	e 7-th	2018			
d April	BoHS	Hall man			
d Upri	Petto 3 Signature o	Hoffman of a plember or authorize	ed representative of	a member	

Page 3 of 3

Filing Fee: \$25.00