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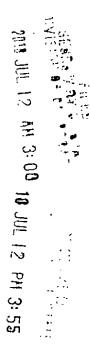
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M CAUSSEAUX JUL 1 3 2018

COVER LETTER

Division of Corporations
SUBJECT: LAMBERT FAMILY SERVICES LLC 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:
SAMUEL M. LAMBERT Name of Person
LAMBERT FAMILY SERVICEILLE
1021 w. Pine ST
City/State and Zip Code LAMBERT FAMILY LLC & GMA, 1. COM E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SAMVEL M. LAMBUT at (407) 271-2950 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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Registration Section

TO:

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

(Name of the Limited Liability Company as it now appears on our res	cords.)
The Articles of Organization for this Limited Liability Company were filed on 1-4- Florida document number <u>L170000 30 9 6</u>	and assigned
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 "I	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>:</u>
(Principal office address MUST BE A STREET ADDRESS)	29 75
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
•	
B. If amending the registered agent and/or registered office address on our recoregistered agent and/or tile new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street add	ress
	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

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 Ash kigh Krisky Sunthers P.O. Box 1749 Orlando Fr 32802 Remove _ Change □ Add ☐ Remove ☐ Change _D Add □ Remove □ Remove ☐ Add ☐ Remove _ Change □ Add □ Remove

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Page 3 of 3

Filing Fee: \$25.00