## Florida Department of State

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE LACQUER, LLC

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#### **COVER LETTER**

TO:	Registration Se Division of Cor			
our in		QUER, LLC		
SUBJE	ж. г.:	Name of Limi	ced Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please (	return all correspo	ndence concerning this matter	to the following:	
		Cheyenne Moseley		
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#### To: Page 4 of 6

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

THE LACQUER, LLC	_		
(Name of the Limit	ed Liability Compa (A Florida Limited L	ny as it now appears on lability Company)	our trangr)
The Articles of Organization for this Limited Li Florida document number L17000031697			
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name o	f the limited liab	lity company here:	
,			
The new name most be distinguishable and and with the	words "Limited Liab	ility Company," the design	gration "LLC" or the abbreviation "L.i.C."
Enter new principal offices address, if applic			BLVD, STE 3, #211
(Principal office address MUST BE A STREE		JACKSONVILLE	, FL 32246
Enter new mailing address, if applicable:			SLVD, STE 3, #211
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	JACKSONVILLE	., FL 32248
Name of New Registered Agent:	<u>Mice address her</u>	g:	
Name of New Registered Agent.	12620 REAC	CH BLVD, STE 3, #	£211
New Registered Office Address:	12020 BLAC	Enter Florida	
	JACKSONVI	JACKSONVILLE Horida 32246	
		City	, Morida 32246 Zip Code
New Registered Agent's Signature, if changing			
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	ver and complete istered agent as p registered office change.	performance of my orovided for in Cha address, I hereby (	pter 605, F.S. Or, if this document is confirm that the limited liability
		2.7	Signature of New Registered Agent
	Page	1 of 3	
			<u> </u>

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
Title	Name	Address	Type of Action
			Add
			□ Remove
		N	□ Add
			□ Remove
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