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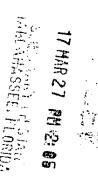
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PICK-UP	☐ WAIT	MAIL.
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COVER LETTER

	Registration Sec Division of Corp			
CUD IEC	LAFONTA	INE LLC		
SUBJEC	-li	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		JOSH LAFONTAINE		
		 	Name of Person	
			Firm/Company	
		1850 PARK AVENUE SL	JITE 1	
			Address	
		ORANGE PARK FLORIE	DA 32073	
		***************************************	City/State and Zip Code	
		JOSHLAF@GMAIL.COM		
		E-mail address: (to be used for future annual report notific	cation)
For furth	er information co	ncerning this matter, please ca	all:	
STANL	EY SIKORSKI		904 396-7719 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for the	e following amount:		
\$25.0	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

LAFONTAINE INSURANCE LL						
(Name of the Lim	ited Liability Comp (A Florida Limited	pany as it now appears on I Liability Company)	our records.)			
The Articles of Organization for this Limited I		y were filed on MARC	CH 14, 2017	and a	ssigned	
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited lia	bility company here:				
JOSH LAFONTAINE INSURANCE LLC						
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the desig	nation "LLC" or the abb	reviation "	L.L.C."	
Enter new principal offices address, if appli	cable:	N/A				
Principal office address MUST BE A STRE	ET ADDRESS)					-
Enter new mailing address, if applicable:		N/A	5		h ł	
Mailing address MAY BE A POST OFFICE	BOX)			?		
). (2). (1)		S	
			<u>.</u>		Ţ÷;	•
B. If amending the registered agent and	l/or registered o	office address on ou	ır records, <u>enter t</u>	he nam	e of the r	iew
registered agent and/or the new registered o	office address he	<u>re</u> :		Ø)		
Name of New Registered Agent:	N/A			·		-
New Registered Office Address:	N/A					
		Enter Florida s	street address			
			, Florida			
		City		Zip Cod	e	

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>	Address	Type of Action
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			Remove
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00