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COVER LETTER

Division of Cor	porations		
SHRJFCT:	Lambo Flitt	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Division of Corporations CT: Lambs Fifte U.C. Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. etturn all correspondence concerning this matter to the following:		
	MARCUS S	Name of Person	·
	,		
	5644 Su) ,5Q+h 5+ Address	
	(Nest PA	rk Fl 33023	
		•	fication)
For further information c	concerning this matter, please ca	alt:	
Name o	of Person	at () Area Code Daytim	e Telephone Number
nclosed is a check for the	he following amount:		
≥ \$25.00 Filing Fee	——————————————————————————————————————	Certified Copy	Certificate of Status & Certified Copy
			ation
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DIVISION OF C	•	The Control of Cor	•

P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lambo to		_	
(<u>Name of the Limi</u>	ed Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited L Florida document number <u>L171)000900</u>	iability Company were filed on 00	1/24/2017	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the v	ords "Limited Liability Company," the des	ignation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applic	able:	 	
(Principal office address MUST BE A STREE	T ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			2021 JAH 11
(Mailing address MAY BE A POST OFFICE			· = 1
			T O
B. If amending the registered agent and/or ingent and/or the new registered office addre		ords, <u>enter the name</u>	of the new registered ယ
Name of New Registered Agent:	Marcus Smit	th	
New Registered Office Address:	8700 nw 38th Enter Florid	St AP+ 210 la street address	//.
	Sunrist Fl	Florida	3 <u>335 1</u> Zip Code

w Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MOR	KESNIA MICHAUD	56044 Sw 39TH St.	BAdd
		56044 Sw 39TH St. West PARK, F1 33023	□Remove
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	 	2021		
ffective date, if other than the date of filing: _an effective date is listed, the date must be specific and care ote: If the date inserted in this block does not mee ocument's effective date on the Department of State	the applicable state	filing or more than 90 da		
record specifies a delayed effective date, but not an lis filed.	effective time, at 12	2:01 a.m. on the earlier	r of: (b) The 90th o	day after the
ated January 7+h. Signature of a mer	2021			
Signature of a mer	ber or authorized repr	resentative of a member		

Filing Fee: \$25.00