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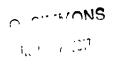
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COVER LETTER

TO: Registration Section Division of Corporation	orations		
SUBJECT: LEJUNE	4212, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	ERIC Case	sla	
		Name of Person	
	LAZIMA MAN	AGEMENT, LLC	
	ERIC Casola Name of Person LAZIMA MANAGEMENT, LLC Firm/Company 9240 SW 72 ST Suite 108 Address Miani FL 33173 City/State and Zip Code MBLANCO@Lazimamant. Com		
	9240 SW -	72 st suite 10	ર
	-	Address	
	niani	FL 33173	
	MBLANCO@LZZ	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
	cerning this matter, please ca	alł:	
MARLON BL.	ANCO	at (3 0 5) 2 7 1 - Area Code Daytime	8454
Name of P	erson	Area Code Daytime	e Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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

LEJUNE 4212, LLC
(Name of the Limited Liability Company as it now appears on o

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number 17000220064	were filed on Oct 24, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
LEJEUNE 4212, LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	11/2 = 1
(Principal office address MUST BE A STREET ADDRESS)	N/A
	3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	M/A
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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
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effe	ctive date is listed, the date n	iust be specific a	nd cannot be pric			90 days after fill	ing.) Pursuant to 605.0
	If the date inserted in this ent's effective date on the				ory ming requir	ements, this of	ate will not be listed
rec	ord specifies a delay	ed effective	date, but n	ot an effe	ctive time, a	t 12:01 a.n	n. on the earlier
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		Signature of	a member or auti	horized repres	entative of a mer	nber	·
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Filing Fee: \$25.00