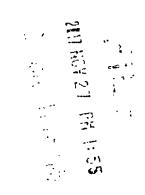
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## **COVER LETTER**

TO: Registration S Division of Co			
	ling Arts, LLC		•
SOBJECT.	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Lois Mettler		
		Name of Person	<u> </u>
	LAM Arts, LLC		
		Firm/Company	<del></del>
	7472 Blackberry Drive		
	<del></del>	Address	
	Naples, FL 34114		
	loismettlerH@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
Callhan Garrett, Esq.		239 398-4831	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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

(Name of the Limited Liabilit	ty Company as it now appears Limited Liability Company)	on our records.)		
(A Florida	. Limited Liability Company)			
The Articles of Organization for this Limited Liability Co	ompany were filed on	24/2017	and assig	ned
Florida document number L17000220273	<u>_</u> ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company her	<u>e</u> :		
LAM Arts, LLC				
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the des	signation "LLC" or the ab	breviation "L.1	C."
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDR	<u></u>			
		1	C-3 6400	
		7. 2.		
Enter new mailing address, if applicable:		#* 25	To the same	
•			<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)	-	***		
B. If amending the registered agent and/or regist	tared affice address on	our roogeds onton	things of	· the
registered agent and/or the new registered office addr		our records, enter	the hame of	LIL
Name of New Registered Agent:				
Name of New Registered Agent:  New Registered Office Address:	Enter Floria	la street address		
	Enter Floric	la street address , Florida	Zip Code	

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Lois Mettler	7472 Blackberry Drive	
		Naples, FL 34114	
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Filing Fee: \$25.00