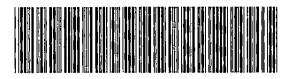
## L17000 256477

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## **COVER LETTER**

TO: Registration Se Division of Cor				
	oldings, LLC			
SUBJECT:	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:		
	Dawn Tottel			
		Name of Person		
	Lashree Holdings, LLC			
		Firm/Company		
	1609 SW 17th Street, Suite	200		
		Address	<del></del>	
	Ocala, FL 34471			
		City/State and Zip Code		
	cheri@lorvenheart.com			
	E-mail address: (	to be used for future annual report noti	fication)	77
For further information c	concerning this matter, please c	all:		7:21
Dawn Tottel		352 843-8577 at ()		
Name of Person		Area Code Daytim	e Telephone Number	23
				> .7
Enclosed is a check for the	he following amount:			A ID
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing  Certificate o  Certified Co  (additional copy	f Status & py
<u>Mailing Addres</u> Registration ! Division of C	Section Corporations	Street Address: Registration Se Division of Con	porations	
P.O. Box 632	27	The Centre of T	ananassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lashree Holdings, LLC	<u> </u>	
(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000256477	were filed on 12/15/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1609 SW 17th St.	
(Principal office address MUST BE A STREET ADDRESS)	Suite 200	
	Ocala, FL 34471	.1.,
Enter new mailing address, if applicable:	1609 SW 17th St.	2
(Mailing address MAY BE A POST OFFICE BOX)	Suite 200	
Maduing address MAT BE A POST OF FICE BOAT	Ocala, FL 34471	3 1
		D
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	a
<del></del>	Cirv	Zip Code

## 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 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>	Name	Address	Type of Action
MGR	Kalasa Partners, LLC	1609 SW 17th St	□Add
		Suite 200	□ Remove
		Ocala, FL 34471	■Change
			□Add
			□Remove
			□Change (1)
			Add ·
			Remove  Change
			□Remove
			□Change
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			□Change
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Mective date, if other than the an effective date is listed, the date mu Note: If the date inserted in this b locument's effective date on the E	st be specific and cannot be pr lock does not meet the app	licable statutory f	it mote man an maas am	rional) er filing.) Pursuan	st to 605	5.02

Filing Fee: \$25.00

Typed or printed name of signee