# 11800030387

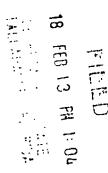
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### **COVER LETTER**

	Registration Sec Division of Corp			
, SHRJEC	Lafam LLC			
OODE			ited Liability Company	
The encl	osed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
		Peyton White Lumpkin, Ed	sq.	
			Name of Person	
		The Lumpkin Law Firm, P	P.A.	
		<del> </del>	Firm/Company	
		2655 LeJeune Road, Fifth	Floor	
		*	Address	
		Coral Gables, FL 33134		
			City/State and Zip Code	<del></del>
		peytonwhitelumpkin@bells		
		E-mail address: (	to be used for future annual report notifi	cation)
For furth	er information co	ncerning this matter, please co	all:	
Peyton \	White Lumpkin		305 667-1808	Telephone Number
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	following amount:		
<b>EZ</b> \$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, F1, 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

Lafam LLC		
(Name of the Limited Liability (A Florida I.	Company as it now appears on our record imited Liability Company)	<u> s.</u> )
The Articles of Organization for this Limited Liability Con Florida document number L18000030387	mpany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	<u> </u>
		5 A 7
		8 -
Enter new mailing address, if applicable:		ω <u>[</u>
(Mailing address MAY BE A POST OFFICE BOX)		3 P
	<u></u>	
		7 7
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	T.S
		orida
	Ciţv	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 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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			Change
			Add
			□ Remove
			☐ Remove
			□ Add
			☐ Remove
			□ Remove
		<del></del>	☐ Change
			☐ Remove
			Change

Manuel A. Larrieu, as Truste	<b>:</b>	
Maria T. Larrieu, as Trustee		
		· · · · · · · · · · · · · · · · · · ·
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ective date, if other than the	date of filing:	(optional)
effective date is listed, the date mus e: If the date inserted in this bl	t be specific and cannot be prior to date of filing	g or more than 90 days after filing.) Pursuant to 605.02 y filing requirements, this date will not be listed
record specifies a delayed he 90th day after the rec		ive time, at 12:01 a.m. on the earlier
February 6	, 2018	
	Signature of a member or authorized represer	

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Filing Fee: \$25.00