LIF0000 72851

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N. CAUSSEAUX Mar 2 0 2018

COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	LORIN LLC			
SOBJECT.		Name of Lin	nited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspor	adence concerning this matter	to the following:	
		DONNA GREENFIELD		
			Name of Person .	
CUMMINGS & LOCKWOOD LLC				
			Firm/Company	
6 LANDMARK SQUARE, 9TH FLOOR				
			Address	
		STAMFORD, CT 06901		
,			City/State and Zip Code	···
		DGREENFIELD@CL-LA		
		E-mail address: (to be used for future annual report notif	cation)
For further i	nformation co	ncerning this matter, please c	all:	
DONNA GI	REENFIELD		203 417-1253 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.00 F	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

LORE	NLLC	多く
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records. Liability Company)	To the
The Articles of Organization for this Limited Liability Company Clorida document number L18000032851	were filed on 02/06/2018 and	d assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation	n "L.L.C."
nter new principal offices address, if applicable:	40 BATTERY STREET- APT PH2	
Principal office address MUST BE A STREET ADDRESS)	BOSTON, MA 02109	
nter new mailing address, if applicable:	ATTN: MR. CURT TOBEY	
Mailing address MAY BE A POST OFFICE BOX)	40 BATTERY STREET- APT PH2	
	BOSTON, MA 02109	
New Registered Office Address:		me of the
	, Florida	
	City Zip C	ode

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 = Manager

AMBR =	AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
N-1-			Add	
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If an effe Note:	ve date, if other than the date of filing:
he rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated ₋	February 22. 2018. Signature of a member or authorized representative of a member
	SUSAN HUFFARD Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00