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COVER LETTER

TO: Registration Se Division of Cor		•	
Laurent Inv	vestment Group LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Marsha Benjamin		
		Name of Person	
	Laurent Investment Group	LLC	
		Firm/Company	_
	169 Cat Rock Lane		
		Address	-
	Jupiter Florida 33468		
	marshabenjamin1@gmail.co	City/State and Zip Code om	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Marsha Benjamin		772 559.6656	
Name o	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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



Laurent Investment Group LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

		Chilos
The Articles of Organization for this Limited Liabii		and assigned
Florida document number L18000257626		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or i	registared office address on our records	omton the name of the
registered agent and/or the new registered office	address here:	enter the name of the
Name of New Registered Agent:		
		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
		da 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Marsha G. Benjamin	169 Cat Rock Lane Jupiter Florida 33458	■ Add
			☐ Remove
			☐ Change
			☐ Remove
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			Change Change
			Remove
			☐ Change
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			Add
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	18 DEC
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(If an eff Note:	ve date, if other than the date of filing:
the red) 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	2018
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00