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I ALBRITTON

COVER LETTER

TO:	Registration Section of Corp		•	
SUBJE	ct: <u>LAFAU</u>	UNDA <u>(HARTO</u> Name of Lim	ited Liability Company	
The enc	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspon	dence concerning this matter	to the following:	
		BRYAN P.	Name of Person	· · · · · · · · · · · · · · · · · · ·
		LAFAWNDA	CHARTERS LC Firm/Company	CC
		1401 US	31 N Address	
		TRAVERSE	CTTY MT	491086
		Mitagemana. E-mail address: (4)	gement @ yahoo, o	notification)
For furtl	ner information cor	neerning this matter, please ca	ıll:	
_£	Name of I	ke (O Person	at (<u>23 1</u>) <u>63</u> Area Code Da	31 - 3432 ytime Telephone Number
Enclose	d is a check for the	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**

LAFAWNDA CHARTE	Company as it now appears on our records.)
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com-	pany were filed on $01/29/2019$ and assigned
Florida document number $\frac{L19000030172}{}$.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	lliability company here:
The new name must be distinguishable and contain the words "Limited	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 ADDRES	<u>SS)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ABJOFER TO LET
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, enter the name of the n s here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
·	, Florida
New Registered Agent's Signature, if changing Registered A	vent:

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 aqueu or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	BRYAN PUNTURO	1401 US 31 N	
		TRAVERSE CITY, MI 4	US6 □ Remove
			Change
			🗖 Add
			□ Remove
			Change
		r	
		□ Remove	
			☐ Change
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Vote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records.	_	
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Bryan Punturo Typed or printed name of signee		
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		Bryan Punturo

Page 3 of 3

Filing Fee: \$25.00