L1900098963

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COVER LETTER

ГО:	Registration S Division of Co			
SUBJĖ	ст:	Gurado Co Name of Lim	all Center 22	<u></u>
The end	losed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all corresp	oondence concerning this matter	to the following:	
		Ronyl	Auvadu Name of Person	
			-Ещи-Сиприн	
		213 lak	e Pointe, APT	213
		OAKland	Park F1 333	509
		Lauradin	Park #1 333 City/State and Zip Code Conya Damail. (to be used for future annual report noti	fication)
for furt	her information	concerning this matter, please ca	· ·	
	Name	of Person	at ()	e Telephone Number
Enclose	ed is a check for	the following amount:		
t X \$25	5.00 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 Addr	<u>ess:</u> Section	<u>Street Address:</u> Registration Se	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lauradin Coll Ce	nter 22C	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on ou l Liability Company)	<u>r records.</u>)
The Articles of Organization for this Limited Liability Compan Florida document number <u>21900098963</u>	y were filed on <u>APri</u>	104, 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		-
Enter new mailing address, if applicable:		DEC 23
(Mailing address MAY BE A POST OFFICE BOX)		· P 11
		<u>ν</u> υ
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	. ni €
Name of New Registered Agent:		
New Registered Office Address:	P (% -)	
	Enter Florida stre	
	City	, Florida 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>	<u>Name</u>	Address	Type of Action
GR d	ove Darby Ambroise	7180500 14TH St North 20 Florida 33068	AuderolaleMRemove
M <u>GR</u>	Rony Lauradin	213 hake Pointe Dr. 1972 OAKland Park, FT 33300	
<u>AMBR</u>	Josue Lauradin	213 Lake Pointe Dr. OAK	
			□Remove
			🗆 Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change

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effectiv <u>21</u> If tl	e date, if other than the date of filing:	
ord sp filed.		th day after th
d	Rony Lauradin Jignature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Rony Lauradin Typed or printed name of signee	