Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086

Phone : (916)576-7000 Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LALANNE'S REAL ESTATE LLC

Certificate of Status	0
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Estimated Charge	\$25.00

SEP 0 3 2021

A. LUNT

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Help

To: 18506176381 From: 19165767036 Date: 09/03/21 Time: 11:01 AM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LALANNE'S REAL ESTATE LI	.C			
(<u>Name of the Limited Lini</u> (A Flor	bility Company as it now appeared Limited Liability Company)	irs on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on _	07/02/2019	and assign	ed
Florida document number 1.19000172736	·			
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the li	mited liability company h	ere:		
The new name must be distinguishable and contain the words "I	.mited Liability Company." the	designation "LLC" or the abl	breviation "L.L.C	·
	,,,		<u>~</u>	<u>ب</u>
Enter new principal offices address, if applicable:		········		<u> </u>
(Principal office address MUST BE A STREET AD	DRESS)		<u>SE</u>	<u> </u>
				<u>워</u> 돌 7
			-	55. E
Enter new mailing address, if applicable:			A	PONS S
(Mailing address MAY BE A POST OFFICE BON)			<u> </u>	AAT ATT
			7	. .
	1.07		C.1	• •
B. If amending the registered agent and/or registe agent and/or the new registered office address here		records, <u>enter the name</u>	e of the new re	egistered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flo	orida street address		
		, Florida		
_	City		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

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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
AMBR	Cody Lalanne	207 w plant st	
		Winter Garden, FL 34787	⊠Remove
			Change
AMBR	LAC HOLDINGS LLC	416 Declaration Dr	🖾 Add
		Orlando FL 32809	Петоче
			□Remove
			☐ Change
			□Remove
			Change
			🗆 Add
			Remove
			Change
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. 2021 August 19 Dated _ Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

Typed or printed name of signee