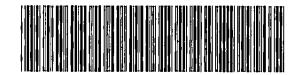
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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# **COVER LETTER**

	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARCO ANTONIO DEL	GADO PERICH	
	LAMAR II LLC	Name of Person	
	13148 HEATHER MOSS	Firm/Company DRIVE APT 314	
	ORLANDO, FLORIDA 33	Address	
		City/State and Zip Code	
		to be used for future annual report notif	cation)
For further information	concerning this matter, please ca	all:	
MARCO ANTONIO D	ELGADO PERICH	407 4868977 at ()	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed 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

TO:

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

LAMAR 11 LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our recormited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Com-	npany were filed on <u>07/18/2019</u>	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register egistered agent and/or the new registered office addres		ds, enter-the name of the
Name of New Registered Agent:		
New Registered Office Address:	C Circle	
	Enter Florida street addr	ess
		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

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
MGRM	RAMON RICARDO GONZALEZ LOPEZ	2929 PUERTA DEL SOL BLVD KISSIMMEE, FL 34744	Add
			■ Remove
			Change
		<del></del>	Add
			□ Remove
			Change
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			Change
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			☐ Remove
			Change

	· <u> </u>
	<del></del>
Effe	tive date, if other than the date of filing: (optional)
lf an ( Note	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
he r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	e 90th day after the record is filed.
Date	OCTOBER 31 2019
	Signature of a member or authorized representative of a member
	MARCO ANTONIO DELGADO PERICH

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Filing Fee: \$25.00