

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H210003719953)))



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To:

Division of Corporations Tax Number : (850)617-6363

From:

Account Name : LEGALZCOM.COM INC. Account Number : 120010000062 Phone : (323)962-9600 Fax Number : (323)962-3869

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

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JNGHOMESOLUTIONS.COM LIMITED LIABILITY COMPANY

Certificate of Status	0
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Help

TO:

Registration Section

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## **COVER LETTER**

Division of Cor	porations				
	SOLUTIONS.COM LIMITED	LIABILITY COMPANY			
SUBJECT:					
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.			
Please return all correspo	ndence concerning this matter to	o the following:			
	Cheyenne Moseley				
		Name of Person			
	Legalzoom.com, Inc.				
	Firm/Company				
	101 N Brand Blvd 11th Fl				
		Address			
	Glendale, CA 91203				
	City/State and Zip Code				
	lrnntjnpl@gmail.com				
	E-mail address: (te	be used for future annual report no	offication)		
For further information co	oncerning this matter, please cal	II:			
Cheyenne Moseley		800 773-0888			
Name o	Person	at () Area Code Dayte	ine Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.90 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, F1, 32301

LegalZoom.com, Inc.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INGHOMESOLUTIONS.COM LIMITED LIABILI	ITY COMPANY
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Companies Florida document number [1.19000188721].	by were filed on 07/23/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
Laurennat Transports Limited Liability Company	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office uddress MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the ne</u> ere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address 200 200 200 200 200 200 200 200 200 2
	Cuy ☐ Zip Code ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
New Registered Agent's Signature, if changing Registered Agen	ි <u>ී</u> ල
I hereby accept the appointment as registered agent and ay provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and s provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

To: +18506176383	•	Page: 5 of 6	2021-10-05 08:18:57 PDT	LegalZoom.com, Inc.
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MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

From: Sylvia Paull

\_ Change

AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
			Add	
			☐ Remove	
			☐ Change	
			Add	
			Remove	
			☐ Change	
			Remove	
<del></del> -			□ Add	
			☐ Remove	
			☐ Change	
			☐ Remove	
			☐ Change	
			Add	
			Remove	

2021-10-05 08:18:57 PDT

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From: Sylvia Paull

2 Ob ς DVCE KEF # 6318828A001 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_ (If an effective 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 605.0707 (3)(h) 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.

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Signature of a member of authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

Guerlande E Laurennat