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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

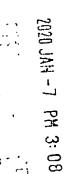
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## **COVER LETTER**

то:	Registration Solution of Co			
CUBICA		amics LLC		
SUBJEC	↓1:	Name of Lim	ited Liability Company	
The encl	losed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		Leonard L Natwick		
			Name of Person	
		L&C Dynamics		
			Firm/Company	
		48 Redington Ave.		
			Address	
		Port Charlotte fl.33953		
		IIn_53@outlook.com	City/State and Zip Code	
For furth	ner information (	E-mail address: ( concerning this matter, please c	to be used for future annual report no all:	incation)
Leonard	d L Natwick		941 623-8784	
	Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed	d is a check for t	the following amount:		
<b>\$</b> 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 Addre		Street Address: Registration S	ection
	Division of C P.O. Box 632	Corporations	Division of Co The Centre of	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lac Dynamics LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L19000290215	ompany were filed on 11/22/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	ESS)	
		020
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· M
		$\frac{1}{\omega}$
		. 08
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	name of the new registered
Name of New Registered Agent:		<del> </del>
New Registered Office Address:	Enter Florida street address	
	. Florie	da
<del></del> -	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 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
	none		□Add
			Remove
			□Change
AMBR	Leonard L Natwick	48 Redington Ave Port Charlotte FI. 33953	<b>=</b> Add
		<del></del>	□Remove
			□Change
			🗆 Add
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			□Change
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te: If the date insert	I, the date must be specific ted in this block does no	ot meet the app	licable statutory	or more than 90 o filing requireme	ays after filing.) Pursua ints, this date will no	nt to 605.0 t be listed
cument's effective d	ate on the Department of	of State's record	is.			
ecord specifies a dela	ayed effective date, but	not an effective	time. at 12:01 a	.m. on the earlie	er of: (b) The 90th (	lav after
is filed.	2,000 000000000000000000000000000000000				(5)	,
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Filing Fee: \$25.00