## 119000304323

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

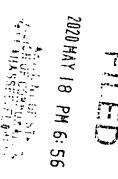
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JUN 0 8 2020 S. YOUNG



## **COVER LETTER**

Division of Corporations				
SUBJECT: The Lash Bank LLC				
Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Tiara Varker  Name of Person				
The Lash Bank LLC				
Firm/Company				
350 Crossing Blvd Apt #107				
Over Park FL 32073  City/State and Zip Code				
Parkertiara 5 and Lip Code  E-mail address: (to be used for future annual report notification)				
or further information concerning this matter, please call:				
Tiora Partor an 1908				
Name of Person Area Code Daytime Telephone Number				
inclosed is a check for the following amount:				
S25.00 Filing Fee  Certificate of Status  Certificate of Status & Certificate of S				
Mailing Address:  Registration Section  Registration Section				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

the Lash	BANK LLC		
(Name of the Limited Lin (A Flo	bility Company as it now appears on our reinda Limited Liability Company)	ecords <u>.</u> )	
The Articles of Organization for this Limited Liability Florida document number LIOUSHS.  This amendment is submitted to amend the following A. If amending name, enter the new name of the I	23	and assigned.	
The new name must be distinguishable and contain the words "	Limited 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 AD	DRESS)	<del> </del>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe agent and/or the new registered office address her		nter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<del></del>	City	, FloridaZip Code	
		copy Carrie	

## 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>	Name	Address	Type of Action
MGR	Tiava Yarker	360 Crossing Blu	d □Add
		Apt 107	□Remove
		Grange Yark, FL	Change
		32073	□Add
	-		□Remove
			□Change
			🗀 Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
		<del></del>	Change
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		<del></del>	□Remove
			□Change
<del></del>	·	<del></del>	□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach addition	al 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 mor Note: If the date inserted in this block does not meet the applicable statutory filing 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. or record is filed.	the earlier of: (b) The 90th day after the
Dated May 13th, 200.	
Signature of a member or authorized representative o	Î a member
TiOVA Typed or printed name of signee	<del></del>