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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

Larmar "L SUBJECT:	LC"				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Marc Abrams				
	Name of Person				
	Larmar "LEC"				
	Firm/Company				
	1885 Miami Gardens Drive Suite 331				
		Address			
	North Miami Beach, FL 3	3179			
		City/State and Zip Code			
	marca@mlaconsult.com				
		to be used for future annual repo	ort notification)		
For further information (concerning this matter, please c	all:			
Marc Abrams		786 282-6 at ()	157		
Name o	of Person	Area Code I	Daytime Telephone Number		
Enclosed is a check for t	the following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclose	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		Street Addr			
Registration Division of C		Registratio	on Section f Corporations		
P.O. Box 633			e of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Larmar "LLC" (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 7th, 2020 and assigned Florida document number $\frac{1.20000014070}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LarMar LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Larry Most	19900 East Country Club Drive	□Add
		Unit 803	□Remove
		Aventura, FL 33180	= Change
MGR	1GR Mare Abrams	1885 Miami Gardens Drive Suite 331	[]Add
		North Miami Beach , FL 33179	□Remove
			Change Change
			Remove 1
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			29

ffective date, if other than the	date of filing:	(option	nal)
fan effective date is listed, the date mus Note: If the date inserted in this blo	t be specific and cannot be prior to date of fit sek does not meet the applicable statute	ling or more than 90 days after f ory filing requirements, this	lling.) Pursuant to 605.020 date will not be listed a
locument's effective date on the De	epartment of State's records.		
	i effective date inur nor an erre	ctive time, at 12:01 a.	m. on the earlier of
e record specifies a delayed The 90th day after the rec	ord is filed.		
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The 90th day after the reco	2020		
The 90th day after the reco	ord is filed.	sentative of a member	

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Filing Fee: \$25.00