## LZO 000078682

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## **COVER LETTER**

TO: Registration S Division of Co			·		
La	au Venture's LLC	•			
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	F	Rafael Lau			
		Name of Person			
		Firm/Company			
	76	681 Hope St			
	Holl	Address lywood, FL <u>33</u>	024		
		City/State and Zip Code hek@mail.con	<del></del>		
For further information	concerning this matter, please c		report notification)		
Rafael	Lau	ar (305 )	962-8380		
Name	of Person	Area Code	Daytime Telephone Number		
Enclosed is a check for	the following amount:				
□ \$25 00 Filing Fee	1. \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status &		
Mailing Addr Registration		Street Address: Registration Section			
Division of Corporations		Divisio	n of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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## Lau Venture's LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida	a Limited Li	iability Company)	,	
The Articles of Organization for this Limited Liability C Florida document number <u>L2000078682</u>		were filed on <u>03</u>	/11/2020	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liabii	lity company here	;	
The new name must be distinguishable and contain the words "Lim	nited Liabili	ty Company," the desig	nation "E.I.C" or the a	obreviation "L.E.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)			
Enter new mailing address, if applicable:				
••		· ·		
(Mailing address MAY BE A POST OFFICE BOX)				<del></del> _
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:		uuress on our rece	nus, enter the nan	ne of the new registers
New Registered Office Address:	<u> </u>	Even Dona	- tout whiteres	
	Enter Florida street address			
		Cuv	, Florida	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	•		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete p igent as p red office o	performance of my rovided for in Cha	eduties, and Lam upter 605, F.S. Or	familiar with and . if this document is
	If Cham	aina Registered Avent	Signature of New Re	gistered 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 2020 AUC 14 AM 9: 06	Type of Action
MGR Rafael Lau	Rafael Lau	7681 Hope St	<b>U</b> IAdd
		Hollywood, FL <u>33024</u>	□Remove
		·	□Change
			🗆 Add
			□Remove
			□Change
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			□Change
			🗆 Add
			□ Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2020 AUC 14 FT 9: 06 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted 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. 2020 August 11 Signature of a member or authorized representative of a member Rafael Lau

Typed or printed name of signee