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COVER LETTER

TO: Registration Se Division of Cor						
LAIB, LLC						
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	MADINA SCOTT, PARA	LEGAL				
		Name of Person				
	COHEN POLLOCK MER	LIN TURNER, P.C.	72			
		Firm/Company	72			
	3350 RIVERWOOD PAR	KWAY, SUITE 1600	2021 JUL -6			
		Address				
	ATLANTA, GA 30339		2 PH 32 32 13 13 13 13 13 13 13 13 13 13 13 13 13			
		City/State and Zip Code	Uni w			
	MSCOTT@CPMTLAW.C		⁻ مر			
		to be used for future annual report noti	dication)			
For further information of	concerning this matter, please c	all:				
MADINA SCOTT		770 857-4795 at ()				
Name o	of Person		ne Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address		Street Address:	ation			
Registration : Division of C		Registration Section Division of Corporations				
P.O. Box 632	27	The Centre of T	Tallahassee			
Tallahassee	FL 32314	2415 N. Monro	e Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAIB, 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 $\frac{03/16/2020}{1}$ and assigned Florida document number 1.20000082975 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LIAB, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." $T^{\frac{1}{2}}U^{\epsilon}$ 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, 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
			
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effective date is listed, the date eg. If the date inserted in this	nust be specific and block does not a	I cannot be prior	to date of filing of	or more than 90 da	vs after filing.)	Pursuan vill not	t to 605.01 he listed
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ord specifies a delayed effect filed.	rtive date, but not	an effective ti	me, at 12:01 a.	m. on the earlie	of: (b) The	90th da	ay after tl
April I		2020	,				
•		"Till Min	Jang "				

Filing Fee: \$25.00