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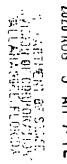
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SEP 2 2 2020

S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: LO	Pak Housi	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:	
	,		·
		i mit company	
	4530 5+	Johns AVE	Suite 15,# 501
	Lofakhus E-mail address:	City/State and Zip Code Of Code Of Code To be used for future annual report notifi	32210 Com
For further information of	concerning this matter, please co		
La Toya	Paul	ubmitted for filing. er to the following: Pauk Name of Person Housing LLC Finne Company Johns A VC Suite 15, # 50/ Address E Florida 32210 City/State and Zip Code Sing B Yahou Com (to be used for future annual report notification)	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(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 $\frac{May}{19,2020}$ and assigned Florida document number $\frac{L200013.5308}{}$
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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 ADDRESS) Jackson ville, Florida 3 2210
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Lack Sunville, Florida 32210
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: 4530 St Johns Ave Suite 15, #501
Jacksonville Florida 32210
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

A 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 Title Name **Address** Type of Action MGR Paul A. KWAKWA 4530 St Juhns Ave PAGO Suite 15, #501 Remove Jack Surville Florela 32210 Change MGR LaToya K. PAUL 4530 St Johns Ave DAdd Suite 15, #501 ____ Remove Jucksonville, Florida 32210 genange _____ □Change _____ □Add ----- □ Change ______ 🗀 Add

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	ive date, if other than the date of filing:
e recor rd is fil	d 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 led.
	July 28 . 2020
Dated .	·
Dated _.	An Dawn
Dated _.	Stgnature of a vicinities to authorized representative of a member

Filing Fee: \$25.00