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SEP 2 9 2020 S. YOUNG

## **COVER LETTER**

Division of Co	rporations		
	gement Solutions		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Loni Williams		
		Name of Person	
	L.A Management Solution	s	
		Firm/Company	
	7860 W Commercial Blvd		
		Address	
	Lauderhill, FL 33351		
		City/State and Zip Code	
	l.a.mgtsolutions@gmail.con		<u> </u>
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	oncerning this matter, please ca	all:	
Loni Williams		954 654-6661 at () Area Code Daytim	
Name c	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

S

L.A. Management Solutions		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 20000 153911</u> .		and assigned C
This amendment is submitted to amend the following:		2
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	·	
		<del></del>
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 office a agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:	<u> </u>	
	Enter Florida street address	
	, Flor	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
Acquirected Agent a Signature, it 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>	<u>Name</u>	Address	Type of Action
AMBR	Loni Williams	7860 W Commercial Blvd Suite 200 #539	□Add
		Lauderhill, FL 33351	□Remove
			□Change
AMBR	Andre Green	7860 W Commercial Blvd Suite 200 #539	
		Lauderhill, FL 33351	□Remove
			🗆 Change
			□Remove
			□Change
			□Add
			□Remove
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			□Change

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fective date, if other than in effective date is listed, the date ote: If the date inserted in thi cument's effective date on th	must be specific and car s block does not mee	nnot be prior to date of t the applicable stat	filing or more than 90 outory filing requirem	(optional) days after filing.) Pursuar ents, this date will not	nt to 605.0207 be listed as
edition serieonie date on th	e Department of State	s records.			
ecord specifies a delayed effe is filed.	ctive date, but not an	effective time, at 1:	2:01 a.m. on the earli	er of: (b) The 90th o	lay after the
ted Hugust	8th	2000			
	Signature of a plan	noet or authorized rep	resentative of a membe	r	
	, ,	. / / / / .			

Filing Fee: \$25.00