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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044 Phone : (407)888-3131

Fax Number : (888)453-0509

enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: Accountanta) taxzonell. con

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LYM INVESTMENTS LLC

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M. SOLOMON

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COVER LETTER

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SUBJEC	. k; _		Name of Lim	ited Liability Cor	mpany		·		- .	
The encid	oscd	Articles of A	Amendment and fee(s) are sub	mitted for filing	3 .					
Please ret	tum a	all correspor	ndence concerning this matter	to the following	g;					
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				Name of I	Person					
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			ORLANDO, FL 32819							
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			ACCOUNTANT@VAXZO E-mail address: (waithania.		_	
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	•	Name of	Person	at (Ar c o	Code	Da	ytime Telep	hone Num	iber	
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LYM INVESTMENTS LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L	iability Company	were filed on 06/18/2020	and assigned
Florida document number L20000168846			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	llity company here:	
The new name must be distinguishable and contain the w	ords "Limited Linbi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	3243 WHOOPING CRANE RUN	20 P
		KISSIMMEE, FL 34741	
			到 平
Enter new mailing address, if applicable:		3243 WHOOPING CRANE RUN	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	KISSIMMEE, FL 34741	- 15 S
The new name must be distinguishable and contain the Enter new principal offices address, if apply (Principal office address MUST BE A STR.) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/office address address and/office address address and/office address address and/office address and/office address address and/office address address and/office address address address address and/office address			
B. If amending the registered agent and/or a agent and/or the new registered office address Name of New Registered Agent:		address on our records, enter the na	me of the new registered
New Designation of the Address	3243 WHOOP!		
New Registered Office Address:		Enter Florida street address	
	KISSIMMEE	, Florida 3	2809
		City	Zip Code

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.

To:

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>	Name	Address	Type of Action
MGR	TAPIA, MICHAEL	3243 WHOOPING CRANE RUN	
	·	ORLANDO, FL 32809	
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effective date is listed, the date. If the date inserted in the content of the date inserted in the date.	te must be specific and o	annot be prior to dat	e of filing or m	ore than 90 days	after filing.)	Pursuant to zill not be	o 605.0 listed
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