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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Duamosa Zina), indicate
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

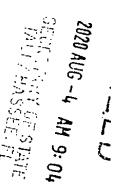
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COVER LETTER

TO: Registration Section Division of Corpora		t-	
SUBJECT:L.*A	Enter Dr.S.	d Liability Company	
The enclosed Articles of Ame	endment and fee(s) are submi	tted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
-	Lauten	Name of Person	<u> </u>
-		Firm/Company	·
-	30060 Mo	Tringside D)T
- 		3230 City/State and Zip Code Secused for future annual report hoti	ngil. Com
For further information conce			fication)
Lauten W Name of Per	<u>Jiseman</u>	at (859 728) Area Code Daytim	- 8469 e Telephone Number
Enclosed is a check for the fo	llowing 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)

Malling 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 Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L+A Enterprises	LLC				
(Name of the Limited Liability Compar (A Florida Limited L	ty as it now apper lability Company	on our	records.		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on _	July	6, 2020	and a	ssigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company l	here:			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the	designation	"LLC" or the abb	reviation "	llC."
Enter new principal offices address, if applicable:			<u> </u>	2020	
(Principal office address MUST BE A STREET ADDRESS)			, , , ,	A	<u>"T</u>
			123	. <u> </u>	
			ည်းက တွင	+ AM	m
Enter new mailing address, if applicable:				99	O
(Mailing address MAY BE A POST OFFICE BOX)				-4	
			•		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our	records,	enter the name	of the n	ew regi
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Fl	orida street	address		
			_, Florida		_
	City			Zip Code	•
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance o rovided for in	of my duti Chapter	es, and I am fa 605, F.S. Or, ij	miliar w ^r this doc	ith ana rument

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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Acti
AMBR	Louten Wiseman	3000 Morningside D	r. XAdd
		Tail, FL. 32301	□Remove
			□Change
AMBR	Andrew Williams	3000 Morningsida Di Tall, FL. 32301	<u>+.</u> □∧dd
		Tail, FL. 32301	- 1
			Change
			AR C
		ş- 	☐Remove
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		***	□Add
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	eding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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1700 A1	and and the arthur of the state	
(If an effec	te date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	605.02
	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be int's effective date on the Department of State's records.	listed
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 a	ifter t
Dated _	Aug. 4 ZOZO	
	Signature of a member or authorized representative of a member	-
	Lauten Wiseman Typed or printed name of signee	

Filing Fee: \$25.00