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(Red	questor's Name)	
(Add	dress)	
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Registration Se Division of Cor			
	LANKY	CAT LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		VALENTINA	FERRER
		Name of Person	
		LAURY CAT	LLC
		Firm/Company	
	7213	8 SW 102 nd	ST
		Address	
		PINECREST	FL 33156
		City/State and Zip Code	
	F-mail address: (to be used for future annua	Trenort polification)
For further information c	oncerning this matter, please c		7 (C) (17 (17 (17 (17 (17 (17 (17 (17 (17 (17
			(11 02 02
	NA FERRER	at (_ 30\$) Area Code	Dayrime Telephone Number
Name	. i Çixai	, men done	
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is er	Certificate of Status &
Mailing Addres Registration 5		Street A Regist	Address: ration Section
Division of C		Divisio	on of Corporations
P.O. Box 632 Tallahassee, I			entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LANKY C	AT LLC	27 . 31 Et 9: 25
(Name of the Limited Liability Compan- (A Florida Limited Li	y as it now appears on our records. ability Company))
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 2 0000 19 12 5 1</u>	vere filed on 07 06	2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilia	ty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7218 SW	102 nd ST T FL 33156
(Principal office address MUST BE A STREET ADDRESS)	- PINECRES	T +L 35156
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7218 SW Pinecrest	102 nd ST FL 33156
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
		orida
	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.

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
			□Add
			□Remove
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		/	Remove
			□Remove
			□ Change
			□Add
			□Remove
			□Change

	/	/	
			
		-	
	/		
			-
. Effective date, if other than the date of fill (If an effective date is listed, the date must be specific a	ing:	(optional)) Pursuant to 605.0207 (3)(
Note: If the date inserted in this block does no document's effective date on the Department o	of meet the applicable statuto	ry filing requirements, this date	will not be listed as the
,			
the record specifies a delayed effective date, but record is filed.	not an effective time, at 12:0	I a.m. on the earlier of: (b) Th	e 90th day after the
7)	_		
Dated July 22	f a member or authorized tepres		
	17		

Typed or printed name of signee