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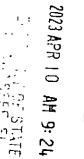
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COVER LETTER

	Registration S Division of Co						
SUBJEC [*]	Lakay LLC r:	<u>:</u>					
		Name of Lin	nited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sul	bmitted for filing.				
Please reti	irn all correspo	ondence concerning this matter	to the following:				
		Lykeshia Armstrong					
			Name of Person				
		Lakay LLC					
			Firm/Company				
		P.O. BOX 62990					
	Address						
		Lafayette, LA 70596					
		City/State and Zip Code					
		info@jackexecutivemanage					
		E-mail address: (to be used for future annual report no	tification)			
For further	information c	oncerning this matter, please o	alt:				
Corey Jacl	·		337 278 - 6020				
	Name o	f Person		ne Telephone Number			
Enclosed is	a check for th	ne following amount:					
\$ \$25,00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Solution for Status & Certificate of Status & Certified Copy (additional copy is enclosed)			
	ailing Address		Street Address:	anti an			
	egistration S ivision of C		Registration Se Division of Co				
Division of Corporations		DITEMMENT CO	троишона				

P.O. Box 6327

Tallahassee, FL 32314

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

Lakay LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our . Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on 07/21/2020	and assigned
lorida document number L20000213855		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
illie's Rose LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2023 S. 50
		- AP T
		72 <u></u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		11°11' 11'
mang dancess may be a 1 031 OFFICE BOX		
		-1-12
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	nklress
		_, Florida
	Circ	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
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			🗀 Add
			□Remove
			Change
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			Change
			□Add
			□Remove
			□Change

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Effect Fan ef	ve date, if other than the date of filing:
<u>Note:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a
docum	ent's effective date on the Department of State's records.
recor d is fi	I 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
Dated	March, 14 2023
med	· //
	Signature of a member or authorized representative of a member
	Lykeshia Armstrong