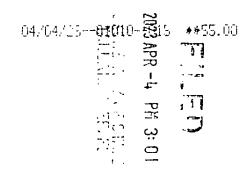
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Y. SCOTT MAY 2 0 2023

		COVER LETTER	
TO: Registration Section Division of Corporation			*
SUBJECT: LA Pie	Name of Limi	ents GROUP LLC	<u>-</u>
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Wildy	Gi ERR e Name of Person	
	<u>L</u>		
		Firm/Company	023 A
	14509 Pri	em lirele uni	15.107 E B
		Address	
	TAMPA F	Firm/Company Com Circle UNI Address L 33613 City/State and Zip Code	
	Lapierreinvestm E-mail address: (1	ents LLC @ Gmail. C	cation)
For further information con	cerning this matter, please co	all:	
Wildy (Name of P		at (239) Lro 1 – Area Code Daytime	6426 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co		Street Address: Registration Sec Division of Corp	
P.O. Box 6327		The Centre of Ta	allahassee
Tallahassee, FI	. 52514	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

LAPIERRE INVESTMENTS GROUP (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v	vere filed on 68/05/2020 and assigned
Florida document number <u>L 20000 236198</u>	2023
The Articles of Organization for this Limited Liability Company of Florida document number $\frac{12000236198}{198}$. 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 Liability	
The new name must be distinguishable and contain the words "Limited Liabilis	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11806 Bruce B.
(Principal office address MUST BE A STREET ADDRESS)	downs Blvd # 1259
	TampA, FL 33612
Enter new mailing address, if applicable:	11866 Bruce B downs Blvd # 1259
(Mailing address MAY BE A POST OF FICE BOX)	downs Blvd # 1259
	Tampa, FL 33612
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	
Name of New Registered Agent:	WILDLY FILITIE
New Registered Office Address: 11806	Bruce 3 downs Blvd # 1259 Enter Florida street address
Tax	rfa
New Registered Agent's Signature if changing Registered Agent:	City Zip Code

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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ective date is listed, the d	late must be specific and o	cannot be prior to		re than 90 days a	fter filing.)	
	this block does not mo the Department of Sta		e statutory ming	requirements,	this date	wiii not de iis
d specifies a delayed e	effective date, but not a	an effective time	, at 12:01 a.m. o	n the earlier of	(b) The	e 90th day afte
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Monday	2 F March	2027	-			
	27 March Partie Signature of a fin	<u> </u>	-			
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	Signature of a m	iember or authoriz	ed representative of	of a member		