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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporation			
subject: Am	VIANLANCS L.L. Name of Limite	C . d Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are submi	itted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	Tequaila Ho	Name of Person	
	Amyiahlane	Pim/Company	
	2850 NW	OTh C+	
	Pompano Bec	ICN FL 33069 City/State and Zip Code	
	Tequala 12:	3@CMAII. (0 M) be used for future annual report notifical	ion)
For further information con	cerning this matter, please call	;	
Tequaila Name of P	Hart	at (<u>954</u>) <u>BBD - 19</u> Area Code Daytime Te	3 i llephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing 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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMUIAN LANES L. C.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

filed onAUGUST_19,2028 and assigned ompany here: mpany," the designation "LLC" or the abbreviation "L.L.C."
mpany," the designation "LLC" or the abbreviation "L.L.C."
ss on our records, <u>enter the name of the new registere</u>
Enter Florida street address
, Florida, Zip Code
ss

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 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 Till (11) Type of Action AMBR = Authorized Member **Title** Name Address Tequaila Hart 2850 NW 10th Ct pompano exado MGR Beach FL 33069 _____ □Change □Add _____ □Change _ □Add _____ □Remove _____ □Change _____ □Change _____ □Add Remove _____ □Change

_ 🗆 Add

□ Remove

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	Yprior to date of filing or more than 90 days after filing.) Pursuant to 60: applicable statutory filing requirements, this date will not be list
rd specifies a delayed effective date, but not an effect iled.	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day afte
September 15, 20	20 .
Signature of a prember of	r authorized representative of a member

Filing Fee: \$25.00