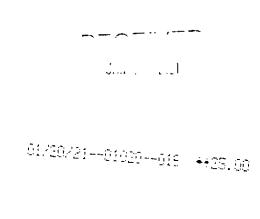
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section

Division of Cor	porations		•		
SUBJECT: LALP	HA And Lom Name of Lim	EGA All USE ited Liability Company	5 ImPort-ShPor		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.			
Please return all correspo	indence concerning this matter	to the following:			
	DANISE	Name of Person	N.E.		
		Firm/Company			
	14425 A	1E 6TH AVE			
	ANDRE 40	FL 331 City/State and Zip Code 7 0 49H00 , FR to be used for future annual report noti	61.		
For further information e	oncerning this matter, please ea		ncation)		
ANDRE L Name o		at (305) 930	- 1505 e Telephone Number		
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Con	porations		
Tallahassee, l		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

LALPHA AND LOMEGA ALL OSED INTOXY- SXTOXY LC (Name of the Limited Liability Company as it now appears on our records) MRY OF STATE (A Florida Limited Liability Company) TALL AMASSES, FL
The Articles of Organization for this Limited Liability Company were filed on $10-30-2020$ and assigned Florida document number 1.20000345580
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: DANISE TETIENNE
New Registered Office Address: 14425 NE 619 AV Enter Florida street address
Tuan Florida 33161 City Florida 33161

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		<u>Address</u>		Type of Action
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Just W	and to the	ange Reg	Twa 77, EL	Position	□Change
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effective date is listed, the e: If the date inserted	han the date of filing:e date must be specific and can in this block does not meet on the Department of State	the applicable statutory			
cord specifies a delayed s filed.	l effective date, but not an e	effective time, at 12:01	a.m. on the earlie	r of: (b) The 90th day	after ti
ed 1-12-2	<u> </u>				
DAN	Signature of a mem	Etenne ber or authorized represen	tative of a member		_
	=	•			