L21000047889

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Ĉil	ty/State/Zip/Phone	#)
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(Do	ocument Number)	
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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: <u>Lare</u>	d Materials &	Equipment, LL	<u>.</u>
•	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Heather_	Mc Candless Name of Person	
		Firm/Company	
	983 Explor	er Cove Address	
		Springs, FL 32701 City/State and Zip Code	
	hmm005@	Yahoo. (om to be used for future annual report noti	fication)
For further information of	concerning this matter, please c		PH 및
Heather M	c Canaless of Person	at (<u>407</u>) <u>462</u> Area Code Daytim	-3284 S
Enclosed is a check for t	he following amount:		
S25.00 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 Addre Registration		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Corporations	
P.O. Box 632	· · · · · ·	The Centre of T	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Compar Florida document number <u>L 210000 47889</u> .	ny were filed on 1/26/2	o 2 1 and assigned
Torida document number <u>L Z 1 0000 4 1 6 8 4</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Lared Development LLC		
Lared Development, LLC The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		022
Principal office address MUST BE A STREET ADDRESS)	N/A	
Enter new mailing address, if applicable:		<u>ω</u>
Mailing address MAY BE A POST OFFICE BOX)	N A	25.25
B. If amending the registered agent and/or registered office	a addrass on our regards out	ar the name of the new majetore
gent and/or the new registered office address here:	e address on our records, <u>ent</u>	er the name of the new registere
	l hoc	13
Name of New Registered Agent:	ther M(ana	11ess
rume of the Wingsmered Agent.	Kingfisher Pl	

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.

Chulustu Florida 327 Up

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
Pléo	Heather mc Candless	983 Explorer Cove	🗹 Add
		Altamonte Springs, FL 32	□Remove
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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing or more stee. If the date inserted in this block does not meet the applicable statutory filing re-	
cument's effective date on the Department of State's records.	
	the earlier of: (b) The 90th day after the
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	` .
is filed.	
is filed.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on is filed. Ited January 13 th 2022. Significant of a member or authorized representative of	