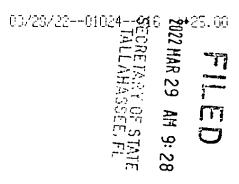
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A. BUTLER APR 15 2022

COVER LETTER

	istration Sec ision of Corp			
	Lanar Holdi	ng, LLC		
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed	I Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspoi	ndence concerning this matter t	to the following:	
		Cheri Crum		
		<u> </u>	Name of Person	·
		Lanar Holding, LLC		
			Firm/Company	
		1609 SW 17th St # 200		
			Address	······································
		Ocala, FL 34471		
			City/State and Zip Code	
		cheri,kalasa@gmail.com		at (front land)
For further i	information c	E-mail address: () oncerning this matter, please or	to be used for future annual report no all:	ouncauon)
Cheri Crum	1		352 304-6163	
	Name o	f Person	at ()	ime Telephone Number
Enclosed is	a check for th	he following amount:		
■ \$25.00	Filing Fee	S30.00 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)
	ailing Addres		Street Address: Registration !	
Division of Corporations		Division of C	Division of Corporations The Centre of Tallahassee	
	O. Box 632 allahassee,			f Tallahassee troe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lanar Holding, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company) TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 02/18/2021 and assigned 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: Dawn Tottel Name of New Registered Agent: 1609 SW 17th Street # 200 New Registered Office Address: Enter Florida street address Ocala

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>	Name	Address	Type of Action
AMBR	K. Kandala	1609 SW 17th St	□Add
	•	Ocala, FL 34471	■Remove
			☐ Change
AMBR Kavitha	Kavitha Reddy	1609 SW 17th Street # 200	≅Add
		Ocala, FL 34471	□Remove
			□Add
			□Remove
			□Change
			□Add
			□Change
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an cf ote:	ive date, if other than the date of filing:
reco Lis fi	d 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 led.
ated	Signature of a member or authorized representative of a member
	Signature of a memori of authorized representative of a nationise
	Kavitha Reddy

Filing Fee: \$25.00