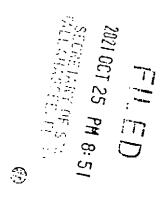


| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| J. HORNE | | |
| | NÚV - 4 | 2021 |
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10/25/21--01047--011 **55.00



COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

| I'O: Registration Secti Division of Corpo | | | |
|---|--|---|--|
| SUBJECT: 314ck | Name of Limit | ted Liability Company | <u>. </u> |
| The enclosed Articles of Ar | nendment and fee(s) are subr | nitted for filing. | |
| Please return all correspond | ence concerning this matter t | to the following: | |
| | 2 05EF | RABE HBAPE | JUR |
| | black Co | Firm/Company | <u> </u> |
| | 660T T | ankstown Daise Address | Apt C |
| | TA | MPA, F1 33617 City/State and Zip Code | |
| | E-mail address: (t | o be used for future annual report notific | ation) |
| For further information con | cerning this matter, please ca | all: | |
| DSERABE Name of P | | at (813) 7350 Area Code Daytime | 132 Telephone 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 So Division of Co | | Street Address: Registration Sect Division of Corp | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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

FILED

2021 OCT 25 PM 8: 51

| Slack Cone Ice | Coom L (SECRETARY OF STATE |
|---|---|
| (Name of the Limited Liability Compan (A Florida Limited Li | v as it now appears on our records.) In LL MINGUET ABILITY Company) |
| | \(\partial \text{\text{\$\partial \text{\$\partial \text{\$ |
| The Articles of Organization for this Limited Liability Company v | were filed on $3/30/2021$ and assigned |
| Florida document number 1 21000 121334. | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabil | ity company here: |
| LALE LLC | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty 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 a agent and/or the new registered office address here: | ddress on our records, enter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | City Zip Code |
| Nam Basistanad Agant's Cignature if changing Pagistared Agent: | |

New Registered Agent's Signature, if changing Registered Agent:

DI

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> | Address | Type of Action |
|---------------|-------------|---------|----------------|
| | | | □Add |
| | | | □Remove |
| | | | Change |
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|). If amending | any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an effective Note: If the | te, if other than the date of filing: |
| f the record spece ecord is filed. | rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | 10.20, 2021 |
| _ | Signature of a member or authorized representative of a member |
| | DJERABE / MBAIPEUR |
| _ | Typed or printed name of signee |