L21000222137

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D. O'KEEFE FEB 17 2023

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

Lazic 4M SUBJECT:			
SUBJECT:		ited Liability Company	· · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Milan Lazic		
		Name of Person	
	Lazic 4M		
		Firm/Company	
	830 E Oakland Blvd Suite	101	
		Address	
	Oakland Park, FL 33334		
	***	City/State and Zip Code	•
	manage@maggiesfavorite.c	ont	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Milan Lazic		954 282-1190	
		at () Area Code Daytim	
Name o	f Person	Area Code Daytim	ne 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 9	Section	<u>Street Address:</u> Registration Se	ction
Division of C		Division of Co	rporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lazie 4M		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number 1.21000222137	ability Company were filed on May 12th, 2021 and assigned and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	ed liability company here:	
Lazic 4M LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	he abhreviation 'E.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE.	(SS)	.0: -
		<u> </u>
Enter new mailing address, if applicable:		
		<u>-</u> F
(Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered or and/or the new registered office address here:	office address on our records, enter the	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florid:	1
	City	Zip Code

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
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Remove
			□ Change
			🗆 Add
			□Remove
		.	\Add
			\ Remove
			ПСhanor

Effective date, if other than the date of filing: (optional)	<u></u>				
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Signature of a member or authorized representative of a member					
Signature of a member or authorized representative of a member	Dated February 17th 2023	j 0			
	Dated		-		

Filing Fee: \$25.00