## 121000244776

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## **COVER LETTER**

TO: Registration Section

Div	ision of Cor	porations				
CUDIFOT.	Lawton Executive Services, LLC  Name of Limited Liability Company					
SUBJECT:						
The enclases	l Articles of	Amendment and fee(s) are sub	mitted for filing			
Please return	all correspo	indence concerning this matter	to the following:			
		Alba Diaz				
			Name of Person	- <del> </del>		
		Lawton Executive Services	s, LLC			
			Firm/Company			
		7825 NW 107th Avenue U	nit 607			
			Address			
		Doral, FL 33178				
		<del> </del>	City/State and Zip Code	<del> </del>		
		alba@lescentral.com				
		E-mail address: (	to be used for future annual report no	tification)		
For further in	nformation c	oncerning this matter, please ca	all:			
Alba Diaz			305 962-5277			
	Name o	f Person		me Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	iling Addres		Street Address: Registration S	ection		
		Corporations	Division of Corporations			
	D. Box 632	-	The Centre of	·		
Tal	lahassee. I	FL 32314	2415 N. Monr	oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lawton, Executive Services, LLC

2022 J. 13 PH 2:01

(Name of the Limit	ed Liability Compa	ny as it now appear	rs on our records.)	, , , , , , , , , , , , , , , , , , ,
(Name of the Limit	(A Florida Limited l	Liability Company)	,	741 741
The Articles of Organization for this Limited Li Florida document number 1.21000244776	iability Company	were filed on	04/26/2021	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company h	ere:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the d	lesignation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7825 NW 107th	n Avenue Unit 607	7
(Principal office address MUST BE A STREE	Doral, FL 33178			
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		7825 NW 107th Avenue Unit 607  Doral, FL 33178		
B. If amending the registered agent and/or r agent and/or the new registered office addres		address on our r	ecords, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		<del></del>		
New Registered Office Address:	7825 NW 1071	h Avenue Unit 607	7	
		Enter Flo	rida street address	
	Doral		, Flori	ida <u>33178</u>
		City	<del></del>	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 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
<u></u>			🗆 Add
			□Remove
			□Change
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	05/15/2022
If an eff Note:	ve date, if other than the date of filing:
e recor rd is fil	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 ed.
Dated	June 6
	Signature of a member or authorized representative of a member
	/ 1

Typed or printed name of signee