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COVER LETTER

TO: Registration So Division of Cor					
SUBJECT:	Lana's Inve	estments LLC			
SUBJECT	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:			
	Mak	el lastillanos			
		Name of Person			
		Firm Company			
	4077) SE unth c	<i>+</i> .		
		Address	<u>/ </u>		
	Bell	City/State and Zip Code	420		
	or land	City/State and Zip Code	anail cases		
	E-mail address: ()	to be used for future annual report non-	gmail. compared the decision of the second s		
For further information e	concerning this matter, please or	all:	-		
Mabe	l Castellanos	at (<u>357</u>) <u>470 </u>	2/97 BB R		
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	he 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 Section		Street Address: Registration Sec	etion		
Division of Corporations		Division of Cor	porations		
P.O. Box 632		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appear Lunited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Co Florida document number <u>L2100026</u> 462	ompany were filed on	1//00		_ and a s	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company he	e <u>re</u> :			
The new name must be distinguishable and contain the words "Limit	ed Liability Company." the d	esignation "LLC" or t	he abbrev	riation "[L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRI	ESS)				
Enter new mailing address, if applicable:				<u>-</u>	
Mailing address MAY BE A POST OFFICE BOX)					
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our re	ecords, enter the	ename of	thene	w registe:
igent and/or the new registered office address here.				JUL 2	1 1 1 1 1 1
Name of New Registered Agent:			35.23	ف	3
New Registered Office Address:					
	Enter Flor	ida street address	근를		
		, Florid:	*-	<u> </u>	
	City		2	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>	<u>Address</u>	Type of Action
AUBR_	Mabel Costellanos		
			□Remove
			Change
AUBR_	Alvano A Pacheco		
			□Remove
			Change
			
			□Remove
			GChange
			GChange III
			CtRemove.
			Remove J
			□ Add
			□Remove
			□Remove
			□Change

Typed or printed name of signee