121000429144

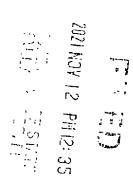
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900376435679

11/12/21--01020--015 **25.00



A. BUTLER NOV 2 4 2021

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: Lapphone Invastment, LIC Name of Limited Liability Company
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Ricardo Cadat Name of Person
	Technology.
	511 Sw 62nd Far
	Margate Fl 33068 City/State and Zip Code Cadel ri can do 63@ yahov. Com E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further	er information concerning this matter, please call:
Rica	Name of Person at (754) 304 05 80 Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
¥ \$25.0	00 Filing Fee Solution Solution Status Solution

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 11 - 07 - 2021Florida document number <u>L21000</u>429144. 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 "LLC" 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cuv

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>	<u>Name</u>	Address	Type of Action
MGR	Ricardo Cadat	511 Sw Gand Tor	½ ⁄Add
		Margate Fl 33068	
			□Change
MGR	Jmaya Aurelies	1030 NW 8th Ave	□Add
	•5	Frit Landendale Fl, 33311	ivRemove
			🗆 Change
AMBR	Imaya Ausela	1030 NW 8th Ave	□Add
	v	Fort landerdale fl 33311	□Remove
			MChange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
			□Change

•	
,	
-	
-	
-	
-	
TOTE.	tive date, if other than the date of filing:
recor l is fil	rd 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 _.	11-07-2021
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00