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TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

LRZ Holdi SUBJECT:	ngs. LLC			
	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:		
	Shivon Patel, Esq.			
		Name of Person		
	The Principal Law Firm. P	.L.		
		Firm/Company		
	4901 International Pkwy, S	Suite 1021		
		Address		
	Sanford, Florida 32771			
		City/State and Zip Code		
	shivon@principallaw.net			
		to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please ca	all:		
Shivon Patel, Esq.		407 322-3003 at ()		
Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		Street Address: Registration Sec	ction	
Division of C			Division of Corporations	

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LRZ Holdings, LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Corida document number L21000502699	Company were filed on November 23, 2021	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "L1.C" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the n</u>	ame of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	D 16 W
	, Florida	
 -	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 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
AMBR	Nelson Hamana	10731 Mere Pkwy	≡ Add
		Orlando, Florida 32832	□Remove
			□Change
AMBR	Elsy Romero	707 Chase Oaks Court	≡ Add
		Winter Garden, Florida 34787	□Remove
			□ Change
AMBR	Mauricio Emiliani	9409 Randal Park Blvd.	= Add
		Orlando, Florida 32832	□Remove
			□ Change
			
			□Remove
			□ Change
_ 			□Add
			□Remove
			□Change
		- 	□ Add
			□Remove
			□Change

Effec	tive date, if other than the date of filing: (optional)
Note:	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he reco	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
ord is f	iled.
Dated	01,07
	Signature of a member or authorized representative of a member
	применения в приме
	Lina M. Romero

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EU: E casoc