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(i	Document Number)
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COVER LETTER

TO: Registration Section **Division of Corporations** LOMAR ACQUISITIONS LLC SUBJECT: __ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Alex Lorenzo Name of Person LOMAR ACQUISITIONS LLC Firm/Company 1100 Biscayne Blvd. #4307 Address Miami, FL 33132 City/State and Zip Code alex@duexcapital.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alex Lorenzo 3261584 Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

LOMAR ACQUISITIONS LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on o a Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability C Florida document number		021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	tion "LLC" or the 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: Name of New Registered Agent: New Registered Office Address:		
		, Florida Zip Code
		Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and concept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my d gent as provided for in Chapt ed office address. I hereby cor	uties, and I am familiar with and er 605, F.S. Or, if this document is
	If Changing Registered Agent, Si	gnature 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
AMBR	Esteban Marchese	10101 E Bay Harbor Dr.	□Add
		602	≡ Remove
		Bay Harbor Islands, FL 33154	☐Change
			r=1
			□Change
			□Add
			□Remove
			Remove
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			□Remove
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effective date is listed, the listed of the date inserted	d in this block doe	s not meet the	applicable					
rument's effective date	e on the Departine	int of state \$1	ccords.					
cord specifies a delaye	ed effective date, b	but not an effe	ective time,	at 12:01 a.m	n on the earl	ier of: (b)	The 90th da	ay after the
s filed.								
ded May	28th	20	24		T /		> ·	ر-ي ا
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	Signatur	re of a member	Ot authorize	ed representati	ve of a member	er		
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Filing Fee: \$25.00