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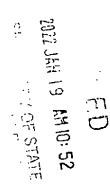
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TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

FOUR LANES ENTERPRISES 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: LOVETTE DOBSON Name of Person Firm/Company 17350 STATE HWY 249, #220 Address HOUSTON, TX, 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSON Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee □ \$30.00 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:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOUR LANES ENT	TERPRISES LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000534438	were filed on 12/21/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable:	1976 Sw 163rd Ave	
(Principal office address MUST BE A STREET ADDRESS)	Miramar, FL 33027	·
Enter new mailing address, if applicable:	1976 Sw 163rd Ave	
(Mailing address MAY BE A POST OFFICE BOX)	Miramar , FL 33027	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	JAN 19 AM IO: 52
	, Florida	Zip Code
	CHY	zip Coae

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
AMBR	Anthony L Morera	6075 E 4th Ave	
		Hialeah, FL 33013	≅ Remove
			□ Change
AMBR	Mario Enrique Caballero Alvarez	3134 W 69 Pi	⊟ Add
		Hialcah, FL 33018	□ Remove
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blodocument's effective date on the Do	ock does not meet the applicabl	date of filing or more than 90 of the statutory filing requirem	_ (optional) lays after filing.) Pursuant to 605 ents, this date will not be liste	.02 0 7 ed as
e record specifies a delayed effective d is filed.	e date, but not an effective time	e, at 12:01 a.m. on the earli	er of: (b) The 90th day after	r the
Dated	. 2022			
	Mau	icio Lede	rema	
	Signature of a member or authoriz	ed representative of a membe	r	
	C	•	•	