L33000017170

(D.	- None
(***	equestor's Name)
(Ac	idress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Dx	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
1123 1	3480
	Office Use Only



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3/28/23 VIM





March 6, 2023

CIAN LASKER 1012 VIA LATINA ST HENDERSON, NV 89011 US

SUBJECT: LASKER INVESTMENTS LLC

Ref. Number: L22000017170

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams
REGULATORY SPECIALIST II

DECENTED MAR 22 2003

Letter Number: 123A00005138

www.sunbiz.org

DO DOM GOOD WILL BUILD OOM

COVER LETTER

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TO:	Registrat Division			ns					
SUBJI	ECT:	Lasi	ker	Invest	nen	its LL	С		
.,				Name of Fore	eign L	imited Liab	oility Cor	npany	
Dear S	Sir or Mada	am:							
The en	iclosed app	plication	, certi	ficate and fee((s) are	submitted	for filing	<u>ţ</u> .	
Please	return all	correspo	ndeno	e concerning	this n	natter to the	followin	រតិ:	
	Cion	4	osko	erof Person			_		
		N	lame (of Person					
Los	Ker I	_ nvestr	nen	ts LLC_			_		
		F	irm/C	ompany					
1017	2_Via	Latina	<u>, 5</u> !	t. Iress			_		
			Ado	dress					
Hen	derson	NV		840 ate and Zip Co	u_	_	_		
		C	ity/St	ate and Zip Co	ode				
(n.	aske a	<i>.</i>	gmail. Co	2m				
E-m	ail addres.	s: (to be	used	or future annu	ual rep	oort notifica	ition)		
For fu	rther infor	mation c	oncer	ning this matte	er, ple	ease call:			
Ci	ian L	aske	~		at	(412	, 49	8-5	340 Elephone Number
	N	Name of	Perso	n		Area Code	& Dayti	ime To	elephone Number
	Mailing A		•:				Street Ac		
	Registra Division			ns			Registra Divisio		orporations
	P.O. Box	-	, oruti	7113					f Tallahassee
	Tallahas		32314	4			2415 N	. Mon	roe Street, Suite 810 FL 32303
	Enclosed	d is a ch	eck fo	r the followin	ıg am	ount:			
\$ 25	Filing Fee	2 🗆 3	\$30 Fi	r the following fing Fee &		\$55 Filing	Fee &	□ \$	60 Filing Fee.
	-		Certif	icate of Status	;	Certified C		•	Certificate of Status & Certified Copy

TO:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lasker Investments (Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>LZZOOOD17170</u> .	were filed on <u>O\/07/22</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
LASKER MANAGEMENT AND The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "I.I.C" or	the abbreviation "L.IC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2023 HAR
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		R 22 MII: 5
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the	THE OIL
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	da
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
New Registered Agent's Signature, it 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
<u>_</u>			
			□Remove
			□Change
			□Add
		□Remove	
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			□Remove
			□Change

, 11 4111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	(optional) Meetive 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 (in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	and 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 filed.
Dated	03/16/23 2:30 pm Ciam Ille
	Ciun Islalia
	Signature of a member or authorized representative of a member
	Cian Lasker Typed or printed name of signee

Filing Fee: \$25.00