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2022 FEB | 4 AM 9: 40
SECRETARY OF STATE

A. BUTLER FEB 2 2 2022

COVER LETTER

Division of Corporations			
SUBJECT: LNR		DROUP, LLC nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Ronnie	Anderson JR Name of Person	
	LNR And	ERSON GROUP L	LC
		Mascotte St Address	
	Tanpa	City/State and Zip Code On a roup & grave to be used for future annual report notificall:	
	I:-mail address: (to be used for future annual report notif	ication)
For further information cor	cerning this matter, please ca	all:	
Name of I	Person	at (<i>85</i> 0) <u>7910</u> =	Telephone Number
Enclosed is a check for the	following amount:		
√ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Muiling Address		0	

TO:

Registration Section

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 ARTICLES OF ORGANIZATION **OF**

FILED

LNR Anderso	m Group, LLC 2022 FEB 14 AM 9: 40
(<u>Name of the Limited L</u> (A F	lability Company as it now appears on our records.) lorida Limited Liability Company) SECRETARY OF STATE
,,,	forida Limited Liability Company) SECRETARY OF STATE ITALLAHASSEE, FI
The Articles of Organization for this Limited Liabil	ity Company were filed on 1/12/2022 and assigned
Florida document number <u>L 22000</u> 25	7972.
This amendment is submitted to amend the following	ng:
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 A	DDRESS)
F-4	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address on our records, <u>enter the name of the new registered</u> ere:
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
_	City Zip Code
New Registered Agent's Signature, if changing Regis	stered 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>	<u>Address</u>	Type of Action
AMBL	Romme Anderson	la 7571 S Mascotte St Tanya F2 33616	DAdd
		7 UNGU PC 35616	□Remove
AMBE	Laura Anderson	7571 S Mascotte St Timpa FL 33616	□Change
		10mpa PC 33616	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
		-	□ Add
			□Remove
			□Change

(If an ef Note:	ive date, if other than the date of filing:
the record ford is fi	d 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.
Dated	Signature of a member or authorized representative of a member
	Ronnie D'Andereson Jr. Typed or printed name of signee