## 122000034668

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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

CUBIFOT.	RANDISE	LLSHOMESLLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		RANDI LAKRITZ			
		· · · · · · · · · · · · · · · · · · ·	Name of Person		
	LAKRITZ, RANDI LYNN LLC				
Firm/Company					
8067 RED JASPER LANE #306					
		Address			
		DELRAY BEACH FLOR	IDA		
		randisellshomes@icloud.co	City/State and Zip Code		
		E-mail address: (	to be used for future annual report not	fication)	
For further in	nformation c	oncerning this matter, please ca	all:		
RANDI LAI	KRITZ		561 4485433 at ()		
Name of Person		Area Code Daytin	e Telephone Number		
Enclosed is a	check for th	ne following amount:			
<b>■</b> \$25.00 F	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)	
	iling Addres		Street Address:		
	gistration S		Registration Section		
	D. Box 632	orporations 7	Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RANDISELLSHOMESLLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JANUARY 18TH ,2022 and assigned Florida document number L22000034668 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LAKRITZRANDILYNN LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

Cirv

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>	Name	Address	Type of Action
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			□Remove
			□ Change
			□Add
		<del></del>	□Remove
			□Change
		AT-171	□Remove
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an effe lote:	ve date, if other than the date of filing:
record	I 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 ed.
15 1110	
	10/11/2025
	10/11/2025 P. C. A. J. P. L. J.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00