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COVER LETTER

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то:	Registration of	n Section Corporations		
aun ir		AX LANE LLC		
SUBJE	CI:	Name of Li	imited Liability Company	
The enc	losed Articles	s of Amendment and fee(s) are so	ubmitted for filing.	
Please re	eturn all corre	espondence concerning this matte	er to the following:	
		LYNNESSA LOPEZ		
		<u></u>	Name of Person	•
		CLIMAX LANE LLC		
			Firm/Company	•
		915 DOYLE ROAD SUI	ITE 303-159	
		Address		
		DELTONA FL 32725		
			City/State and Zip Code	
		CLIMAXLANE@GMAI		
For furtl	her informatic	E-mail address: on concerning this matter, please	e call:	
LYNNI	ESSA LOPEZ	Z	407 463-9344	
	Nai	ne of Person	Area Code Daytime Telephone Number	
Enclose	d is a check f	or the following amount:		
□ \$25	5.00 Filing Fe	e \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
	Mailing Add	dress: on Section	Street Address: Registration Section	
	Division of	of Corporations	Division of Corporations	
	P.O. Box Tallahasse	6327 ee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 8	:10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLIMAX LANE LLC			
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on o da Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability	Company were filed on 3/15/203	22	and assigned
Florida document number L22000128749	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designa	uion "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	<u>. </u>	
	 		,
		زن ۱۳۱۱ - ا	2023 AUG
Enter new mailing address, if applicable:		25	E T
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		. 6 _
		<u> </u>	×
		L) SS	
B. If amending the registered agent and/or registere		ls, enter the name of	the new registe
agent and/or the new registered office address here:		ن ـــ	音声
Name of New Davistand Assets			
Name of New Registered Agent:			
New Registered Office Address:	rr.		
	Enter Florida str	reei aadress	
	City	, Florida	Zip Code
	Cuỳ	•	лір Со ае

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 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
MGR ERICK J RIVERA	ERICK J RIVERA	915 DOYLE ROAD	
		SUITE 303-159	■Remove
		DELTONA FL 32725	
			□Add
			Remove
			□Change
			_ _ _ _ _
			□ Change
			
			□Remove
			□Change
			□Add
			Remove
			\ \ \ \ \
			Remove
			□Change

If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
<u></u>	
(If an effective of Note: If the	ate, if other than the date of filing:
the record spec cord is filed.	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated MAY	(9TH <u>2023</u>
- 1.	Signature of a member or authorized representative of a member
_	Typed or printed name of signee

Filing Fee: \$25.00