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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

A. BUTLER
MAY - 4 2022

COVER LETTER

Division of Co			•		
DAVISION OF COL	poracións	,	2'	t	:
	rized Member		•		
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter				
r lease return an correspo	ondence concerning this maker	to the following.			
	Michael F Lagana				
		Name of Person			-
	Lagana Investments LLC				
		Firm/Company			_
	356 Golfview Rd Apt 703				
		Address			_
	North Palm Beach, FL 334	108			
		City/State and Zip Code			-
	michael@mlagana.com				
	E-mail address: (to be used for future annual	report notificati	on)	
For further information of	concerning this matter, please c	all:			
Michael F Lagana			6-4226		
Name o	of Person	at () Area Code	Daytime Tel	lephone Numbe	:r
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	S55.00 Filing Fee	&	□ \$60.00 F	
	Certificate of Status	Certified Copy (additional copy is enc	:losed)	Certified	ate of Status & d Copy d copy is enclosed)
Mailing Addres	·e•	Street A	ddrossi		
Maining Addites	7-7-8	Street At	441 F991		

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FIED

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 03/1/20b2/11/2 SSEE, FL Florida document number <u>L22000133045</u> This amendment is submitted to amend the following: 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 "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.

City

If Changing Registered Agent, Signature of New Registered Agent

_. Florida ___

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Michael F Lagana	356 Golfview Rd apt 703	■Add
		North Palm Beach, FL 33408	□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□ Change
			□ Add
			□Remove
		□Change	
			□ Add
			□Remove
			□ Change

when originally med a negereeree	d to list myself as an Authorized Member
Histed myself only as a manager.,	
Iwish to be listed as both a manage	er and a Authorized Member
*	
-	
fective date, if other than the date	e of filing: (optional) specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
ote: If the date inserted in this block occument's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed as
record specifies a delayed effective dat is filed.	te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
osted 03/15/2022	. 12.01
Michael Sign	

Filing Fee: \$25.00