L2200/55354

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A. RAMSEY JAN 2 4 2023

COVER LETTER

TO: **Registration Section** Division of Corporations

Linore SUBJECT: .:

The enclosed Articles of Amendment and tee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Faule Latino. 2 Name of Person Firm/Company Address NLTH Part FL 34256 City/State and Zip Code E-mail address: (to be used to: tuture annual report notification)

For further information concerning this matter, please call:

Faye Latimore at (941) 537-6318 Area Code Davime Telephone Number

Enclosed is a check for the following amount:

D \$25.00 Filing Fee

Z \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy

Certified Copy (additional copy is enclosed). □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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		
TO ARTICLES OF O O	RGANIZATION	-ILED
Lafimore Re (<u>Name of the Limited Liability Compar</u> (A Florida Limited L	41 Hig LLC ay as it has appears on our reco	2023 JAN 23 AM 8: 36
The Articles of Organization for this Limited Liability Company Florida document number $_L22000155354$		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u> <u>Lahphore</u> <u>Global</u> <u>LLC</u> . The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		C" or the abbreviation "L L C "
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BON</u>)	2291 Hor Nuite Part	Hestead Cri FL 34:286
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ddress on our records, <u>ente</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address: 53	4.2 CIG, K Roc.d Enter Florida street addr	#1223
<u> </u>		Florida <u>34-233</u> Zip Code

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. Thereby confirm that the limited liability company has been notified in writing of this change.

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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)

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E. Effective date, if other than the date of filing: _______(optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

I da Faye Latimare

Filing Fee: \$25.00