KZZ CC 194385

| (Requ | estor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificate | s of Status |
| Special Instructions to Fil | ing Officer: | |
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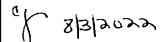
Office Use Only



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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

| Division of Corporations | |
|---|---|
| 1 - 2000 Fab - 30 | . // . |
| SUBJECT: Lam 2002 Enterprise | of Limited Liability Company |
| | |
| The enclosed Articles of Amendment and fee(s) a | are submitted for filing |
| | |
| Please return all correspondence concerning this | matter to the following: |
| Ree | ac Cyr. 1 Lam Name of Person |
| | Name of Person |
| Lam | 2002 Enterprises LLC Finn/Company |
| | Firm/Company |
| 8150 Nh | / 22 ND PL Address |
| | Address |
| Sunrs | se FL 33322 |
| | SG FL 33322 City/State and Zip Code |
| reeazigm | O (a) q mail. (om dress: (to be used for future annual report notification) |
| E-mail ad | dress: (To be used for future annual report notification) |
| For further information concerning this matter, p | lease call: |
| Recar Lam | 305 \ 506 - 7415 |
| Name of Person | at (305) 506 - 7415 Area Code Daytime Telephone Number |
| | |
| Enclosed is a check for the following amount: | |
| | |
| ¥\$25,00 Filing Fee | |
| | |
| Mailing Address | Street Address: |
| Mailing Address: Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

To Whom this May Concern

I filled My LLC and it was electronically done online and was avalible on April 25 2022 Filing date. The registerered agent Name was ascidentally put in correct when filing. Just to be clear the company name is not changing Just registered agent to REEAZ CYRIL LAM". The Address remains the same 8150 NW LZND PL SWARISE FL,33322.

CONTACT ME IF NEEDED BELOW

- . 305-506-7415
- · Recazlam O@ gmail. Con -7 all lower case
- · lamesterprises 22@ gmail. Com

>in cordy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2822 SEY OC DISCOLO

| Lam 2002 61 | iterprises LLC COLLINI 2 | <u>20 m 6.10</u> |
|---|--|------------------|
| (<u>Name of the Limiter</u> (/ | Terprises LLC Liability Company as it now appears on our records.) A Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Lia | bility Company were filed on April 25 2022 and | d assigned |
| Florida document number <u>L 2200019</u> (| 1385 | |
| This amendment is submitted to amend the follow | ving: | |
| A. If amending name, enter the new name of t | he limited liability company here: | |
| The new name must be distinguishable and contain the wor | rds "Limited Liability Company," the designation "LLC" or the abbreviatio | on "L.L.C." |
| Enter new principal offices address, if applica | ole: | |
| Principal office address MUST BE A STREET | ADDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| <u>Mailing address MAY BE A POST OFFICE B</u> | <u>os</u> | <u></u> |
| | | |
| * tompany name Stays the Same Just B. If amending the registered agent and/or reagent and/or the new registered office address | gistered office address on our records, enter the name of the | e new registered |
| Name of New Registered Agent: | Reeaz Cyril Lam 8150 NW 22ND PL | |
| New Registered Office Address: | 8150 NW 22ND PL | · |
| | Enter Florida street address | 322 |
| | Sunrise Florida 33 | :ode |
| | | |

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 ameading Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or relinived from our records:

| or reinoved | from our records: | | |
|----------------------|----------------------------|----------------|----------------|
| MGR = Ms $AMBR = As$ | anager uthorized Member | | |
| <u>Title</u> | Name | <u>Address</u> | Type of Action |
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| n effective da | ite is listed, the date | the date of fili: must be specific a | nd cannot be pri | or to date of filing | or more than 90 | (optional) days after filing | .) Pursuant to 605.02 |
| <u>te:</u> If the d | ate inserted in th | is block does not ie Department of | meet the appl | licable statutory Is | filing requirem | ents, this date | will not be listed |
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| ecord specif | ies a delayed eff | ective date, but n | ot an effective | time, at 12:01. | a.m. on the earl | icrof; (b) Ti | ne 90th day after th |
| is filed. | | | | | | | |
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| ted | 161166 | | | 7. | | | |
| | | Same. | Sam | _ | | | |
| | | Signature of | a member or au | thorized represen | fairve of a memb | er | |
| | , | PECA | 7 1 1 11 1 | | | | |
| | | \wedge | <u> </u> | nted name of sign | | | |