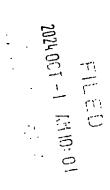
La2000 a23802

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J. HORNE OCT - 2 2024 |
| |

Office Use Only



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10/02/24--01006--001 **25.00

SERVICE IN A 108

FLORIDA RESEARCH & FILING SERVICES, INC.

4044 LONGLEAF CT

TALLAHASSEE, FL 32310

PH: 850-524-4381

PLEASE FILE THE ATTACHED AMENDMENT FOR:

LAWTON RIVER, LLC

PLEASE RETURN A STAMPED COPY

CHECK: #99**213** AMOUNT: \$25.00

THANK YOU!

COVER LETTER

| TO: Registration Division of C | Section Corporations | | |
|-----------------------------------|--|---|--|
| | ON RIVER, LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corre | spondence concerning this matter | to the following: | |
| | | . <u></u> | |
| | | Name of Person | |
| | CARLOS GARCIA P.A | | |
| | | Firm/Company | · |
| | 500 SOUTH DIXIE HWY | . SUITE 202 | |
| | | Address | . |
| | CORAL GABLES, FL 33 | 146 | |
| | | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further informatio | n concerning this matter, please e | all: | |
| | | at () Area Code Daytim | |
| Nan | ne of Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check fo | or the following amount: | | |
| ■ \$25.00 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) |
| Mailing Add | | Street Address: | |
| Registratio | n Section f Corporations | Registration Se Division of Cor | |
| P.O. Box 6 | | The Centre of T | |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 007 -1 #1110:01

| LAWTON RIVER, LLC | - | | |
|---|---|---------------|--|
| (Name of the Limited Liability Company as it now appears on our records.) | | - | |

| The Articles of Organization for this Limited Liability Company | were filed on 05/12/2022 | and assigned |
|--|--|---|
| Florida document number L22000223802 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity 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 a agent and/or the new registered office address here: | address on our records, | enter the name of the new registered |
| Name of New Registered Agent: | - | |
| New Registered Office Address: | | |
| New Negistered Critica Litations. | Enter Florida street | address |
| | | , Florida Zip Code |
| | | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my dut provided for in Chapter | ies, and I am familiar with and 605, F.S. Or, if this document is |
| | | |

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 | ILIANA A. PEÑA | 5055 COLLINS AVE, 3A | Add |
| | | MIAMI BEACH, FL 33140 | |
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| ective date, if other than the d | ate of filing: | | _ (optional) |
| ective date, if other than the d effective date is listed, the date must be te: If the date inserted in this bloc | e specific and cannot be prior to d k does not meet the applicable | ate of filing or more than 90 d statutory filing requireme | ays after filing.) Pursuant to 605.020 onts, this date will not be listed a |
| nument's effective date on the Dep | artment of State's records. | | |
| | | | |
| cord specifies a delayed effective a filed. | late, but not an effective time. | at 12:01 a.m. on the earlie | er of: (b) The 90th day after the |
| OCTOBER 1st | 2024 | . | |
| | - | | |
| | gnature of a member or suffering | al representative of a member | · <u>'</u> |
| ა | guarant or a member of augustize | is representative to a member | |

Filing Fee: \$25.00