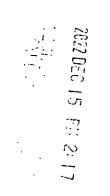
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### **COVER LETTER**

FO: Registration Se Division of Cor				_
	ENTERPRISES LLC		•	
UBJECT:	Name of Lim	ited Liability Company	<del></del>	
	Amendment and fee(s) are sub- ndence concerning this matter			
	ANA E ROSARIO			
	<del> </del>	Name of Person		
	AMERICAN TAX & PAY	ROLL SERVICES LLC		
		Firm/Company		(0.7)
	887 STATE RD 436		<u> </u>	יבני: מהללחדף
		Address		ਹੱ
	CASSELBERY, FL 32707	,		
		City/State and Zip Code	<del></del>	
	ana.rosario@americantaxpa	yroll.com to be used for future annual report notif	;	~
for further information c	oncerning this matter, please co		ication)	
ANA E ROSARIO		864 449-3280 at ( )		
Name o	f Person		Telephone Number	_
Enclosed is a check for th	ne following amount:			
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For Certificate of S Certified Copy (additional copy is	Status &

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallabaccoo El 32314

#### Street Address:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAKE	M2 ENTERI	PRISES LLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Compa orida Limited I	ny as it now appears on or riability Company)	ir records.)	
The Articles of Organization for this Limited Liability Florida document number 1.22000268927	y Company 	were filed on	22	_ and assigned
This amendment is submitted to amend the following	<u>;</u> :			
A. If amending name, enter the new name of the l	limited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the words "		ity Company," the designat	ion "LLC" or the abbre	viation, "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A		. 5
				<u> </u>
			,	. 33 .
Inter new mailing address, if applicable:			,	5
(Mailing address MAY BE A POST OFFICE BOX)		N/A		
3. If amending the registered agent and/or registongent and/or the new registered office address her		address on our record	s, <u>enter the name o</u>	f the new registe
Name of New Registered Agent: N/.	Α	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Α			
		Enter Florida str	eet address	
<u> </u>			, Florida	7: 4:1
		City		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. I hereby 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
MGR	PATRICIA B QUINTERO -DIAZ	5225 WATERSIDE VISTA LN	<b>=</b> Add
		SAINT CLOUD, FFL 34771	🗀 Remove
			□Change
			□Add
			□Remove
			Change  Change  Change  Change  Change  Change
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ective date, if other tha	n the date of filing:	(optional)	
effective date is listed, the dite: If the date inserted in	te must be specific and cannot be prior to date of filing or his block does not meet the applicable statutory fil	ing requirements, this date will not be l	isted
	the Department of State's records.	· .	
	fective date, but not an effective time, at 12:01 a.m.	n, on the earlier of: (b) The 90th day a	fter th
s filed.			
OCTOBER 18	2022		
ed			

Typed or printed name of signee

FLORENCIO RODRIGUEZ