

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:				
	Division of C	orporations		
	Fax Number	: (850)617-6383		
From	1:			
		: FOLEY & LARDNER		
	Account Numbe	r : I19980000047 : (407)423-7656		
	· -	; (497)648-1743		
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			CC IIC	
-		LANORE HOLDING	GS, LLC	
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Corporate Filing Menu

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TO:

(((H22000349202 3))) COVER LETTER

TO: Registration S Division of Co			•
	LANORE H	OLDINGS, LLC	
SUBJECT:	Name of Linr	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following	
	Lisa B. Hunt		
		Name of Person	·····
	Foley & Lardner LLP		
		Firm/Company	
	One Independent Drive, Si	nte 1300	
		Address	
	Jacksonville, FL 32202		
	Fimi/Company One Independent Drive, Suite 1300 Address		
For further information	concerning this matter, please of		Massacony
LISA HUNT/FOLEY	& LARDNER LLP	904 359-8720	
Name	of Person	at () Area Code Dayti	me Telephane Number
Enclosed is a check for	the following amount		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional topy is enclosed)
<u>Mailing Addr</u> Registration	Section	Street Address: Registration S	
Division of P.O. Box 63	Corporations 27	Division of Co The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LANORE HOLDINGS, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	······································
The Articles of Organization for this Limited Liability Company	were filed on JUNE 29, 2022	and assigned
Florida document number 1.22000292894		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.I.,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 und/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name	e of the new registered
New Registered Office Address:	Enter Floridu street oddress	A FEB
 	, Florida	Zlp-Code •
New Registered Agent's Signature, if changing Registered Agent:		<u> </u>

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

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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	ERIC KNELLINGER	164 Carlyle Drive	≣ Add
		Palm Harbor, Florida 34683	
			□ Change
			□Add
		·	©Remove
			□Change
			□Add
			□Remove
			□Change
	****		□Add
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ocum	ent's effective	date on the I	Эераптелі о	f State's r	ecords.	. statutory	g requir	ments, this	dute will not	oc nated as
recore Lis file	d specifies a de ed.	layed effecti	ve date, but i	iot an effe	ective time	, at ±2:01 a.	.m. on the ea	urlier of: (b)	The 90th de	ay after the
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	-	un j	Signature of	a member	or authoriza	ed representa	ntive of a men	iber		

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Filing Fee: \$25.00