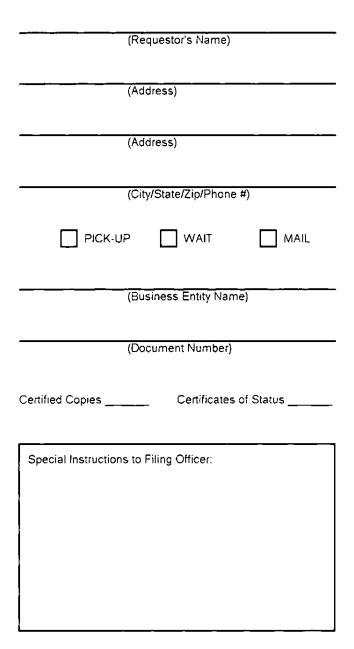
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Office Use Only



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2024 625 -5 PH 4: 48

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ARRC Neulte Services LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alnouell Lambert Name of Person
ARRC Multe Schilles LCC Firm/Company
9375 SW 618+ Way Apt B
City/State and Zip Code City/State and Zip Code Company Comp
For further information concerning this matter, please call:
Rame of Person at (501) 860-5128 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

AKAC Lulle &	shilles LLC	
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	20
	1-01000	2024
The Articles of Organization for this Limited Liability Con		and assigned
Florida document number <u>L 23000016944</u>	}	Ġ:
This amendment is submitted to amend the following:		=======================================
A. If amending name, enter the new name of the limited	d liability company here:	-
LAC Realty of Fina	ulial Berlices LLC	.
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	9375 SW 6187	word Apt B
(Principal office address MUST BE A STREET ADDRES	ss gola Raton F	133428
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	93758W618+ BOCA RATION FL	wory AplB
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter the nam</u>	ne of the new registered
Name of New Registered Agent:	rough Lambert	
New Registered Office Address:	75 SW 615 TWOY AK	it B
Bol	Car Ration, Florida	233428
	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 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
Mar	Lenaude Lamber	179375 SW615+ Way Apt B	Add
		Bola Raton FL 33428	Z □Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Tecti	ve date, if other than the date of filing: (optional)
an effe ote:	cetive 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 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ecore	d 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 ed.
ted _	3/29/2024
	- FONOLU
	Signature of a member or authorized representative of a member
	\cdot

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E''' E 625.00