L23 0000 67871

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COVER LETTER

Division of Cor	rporations			
Lazy Island	l Networking, LLC			
SUBJECT:	Name of Lit	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Matthew Alexander			
		Name of Person		
Lazy Island Networking, LLC Firm/Company 912 Dove LN				
		Firm/Company		
	912 Dove LN			
		Address		
	Steinhatchee, FL 32359			
		City/State and Zip Code		
	matthewalexander1990@gi			•
	E-mail address: (to be used for future annual report notif	acation)	
For further information c	concerning this matter, please c	all:		1.
Matthew Alexander		352 210-5377 at ()		
Name o	f Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

Mailing Address:

Registration Section

TO:

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

Laxy Island Networking, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{2/7/2023}{}$ and assigned Florida document number _____L23000067871 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If arrending 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>	<u>Name</u>	Address	Type of Action
MGR	Matthew Alexander	912 Dove LN, Steinhatchee, FL 32359	Add
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			Change
			□Remove
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior	r to date of filing or	more than 90 days after	nal) filing.) Pursi	uant to 605.02
ote: If the date inserted in this block does not meet the applic beament's effective date on the Department of State's records	cable statutory fil	ing requirements, this	date will r	not be listed
The state of the s	•			
ecord specifies a delayed effective date, but not an effective to	ime, at 12:01 a.m	i. on the earlier of: (b)	The 90tl	h day after th
is filed.				
March 8 2023				
March 8 2023	<u> </u>			
Matthew Alexander Signature of a member or auth				