[230001156]

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
. : Copies	Certificates of Status
at Instructions to	Filing Officer:
	J. HOD
	J. HORNE MAR 2 7 2023
	" ^{" 2} 7 2023

Office Use Only



200405301472

03/27/23--01001-TCARLARESSEE



COVER LETTER

TO:

TO:	Registration Se Division of Cor				
SUBJECT: lane to lane llc					
300.71.	c	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
			Lalanne assandre		
			Name of Person		
		lar	ne to lane llc		
			Firm/Company		
			6421 N. FLORIDA	A AVE	
		-	Address		
			tampa flor	ida 33604	
			City/State and Zip Code		
		I2I@I2Iane.com	to be used for future annual report not	ification)	
For furt	her information c	oncerning this matter, please co			
Lalanne assandre		at (<u>619</u>)	204-1730		
Name of Person		Area Code Daytin	ne Telephone Number		
Enclose	ed is a check for th	ne following amount:			
⊠ \$25	5.00 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 Address: Registration Section Division of Corporations		Street Address:	oction		
		Registration Se Division of Co			
	P.O. Box 632	2.7	The Centre of	Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES	OF ORGANIZA	ATION 🧢	·
·	OF	2023 MA	
	e to lane IIc	STONE IN	1. 19 8 PH 12: 32
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appe Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on _	03/02/2023	and assigned
Florida document number L23000111567	<u>_</u> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the	e designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
D. If any ordinary the constitution of any of the constitution of	1 . CC		- a £4k.a
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	i office address on our	records, <u>enter the nan</u>	ie of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street ad		
	City	Florida	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>	<u>Name</u>	Address	Type of Action
mgr_	Synteria pearson	9526 pembrookes pines dr suncity fl	⊠Add
		33573	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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			□Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change

	
_	
te: If the date	other than the date of filing:
ecord specifies a s filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
. 1	03/24/2023
ted	
	Signature of a member or authorized representative of a member
	Lalanne assandre
-	Typed or printed name of signee

COVER LETTER

TO:

TO:	Registration Sec Division of Corp			
CHD IE	CT:	ane to lane IIc		
SUBJE	CI:		ited Liability Company	
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Please r	eturn all correspoi	ndence concerning this matter	to the following:	
		Lalanne assandre		
			Name of Person	
		lar	ne to lane IIc	
			Firm/Company	
			6421 N. FLORIDA	A AVE
			Address	
			tampa flori	ida 33604
			City/State and Zip Code	
		I2I@I2lane.com	to be used for future annual report noti	fication)
For furt	her information co	oncerning this matter, please ca		
	Lalann	e assandre	at (619 ₎	204-1730
	Name of	Person	Area Code Daytim	e Telephone Number
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	Mailing Address		Street Address:	
Registration Section Division of Corporations P.O. Box 6327		Registration Se Division of Cor		
		The Centre of T	Tallahassee	
	Tallahassee, F	°L 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303