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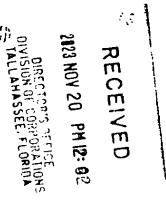
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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COVER LETTER

TO:	Registration Sec Division of Corp				•
SUBJ	ECT: <u>LAME</u>		ed Liability Company		
The cr	nclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Please	return all correspon	idence concerning this matter to	the following:		
		Lane 10 Hickory Ocala, F	Name of Person The Poe Line Firm/Company Line Address Line City/State and Zip Cod	LC 1 12	
		E-mail address: (to	be used for future annu	Mail LON al report notification)	<u>) </u>
For fu	rther information co	oncerning this matter, please cal	tl:		
	Name of	em KOW Person	at (<u>353.</u>) _ Area Code	SUO - 3UO Daytime Telepho	one Number
Enclo	sed is a check for th	e following amount:			
□ s:	25.00 Filing Fee		☐ \$55.00 Filing Fer Certified Copy (additional copy is a		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, 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

Lane + Poe		
(Name of the Limited Liability Com (A Florida Limite	npady as it now appears on cd Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>LZ3000347764</u> .	ny were filed on	24 2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Lane & Poe, LLC		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		207
Principal office address MUST BE A STREET ADDRESS)		7.25 7.25
		□
Enter new mailing address, if applicable:		P
Mailing address MAY BE A POST OFFICE BOX)		22:
		5
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
	·	, Florida
	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>	<u>Name</u>	Address	Type of Action
	***************************************		□ Add
			Change
		Remove	
			□Change
			□Add
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f an effe <u>Note:</u> J	ctive 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 605.02 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	207 (. as tl
record d is file	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 details.	he
Dated _	11/20/2023	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00