## L2300349666

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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
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(Document Number)	
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Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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Certificate of Statūs &

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LANA 108171 LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000349566</u>	were filed on <u>07/24/2023</u>	and assigned
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	ility Company," the designation "LLC" or the ab-	previation "L.L.C."
Enter new principal offices address, if applicable:	3500 W HALLANDALE BEACH BLVI	)
(Principal office address MUST BE A STREET ADDRESS)	STE 218	
	HOLLYWOOD, FL 33023	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		202
B. If amending the registered agent and/or registered office a	address on our records, enter the name	of the few registered
agent and/or the new registered office address here:		Co M I
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	}:; <b>→</b>
	GIRT CIONAG MICCI AGAPESS	
	Florida	Zip Code
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## 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	EVGENIY RIKOV	3500 W Hallandale Beach Blvd, Hollywood, FL 3.	3023 ■Add
			□Remove
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an effe <u>ote:</u> I	te date, if other than the date of filing:  10/04/2023  (optional)  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 605,0207 (2) of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that is effective date on the Department of State's records.
record 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 d.
nted _	10.4.23
	Signature of a member or authorized representative of a member
	EVGENIY RIKOV, CPA
	Typed or printed name of signee

Filing Fee: \$25.00