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SECRETARY OF STATE

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COVER LETTER

	ation Section n of Corporations	•
SUBJECT:	L47 C4+2 LLC, Name of Limited Liability Company	
The enclose	ticles of Amendment and fee(s) are submitted for filing.	
Please retur	correspondence concerning this matter to the following:	
	Lazaro Alvinez Name of Person	
	Firm/Company	
For further	11721W 23UST Address HUMESTEAD FL 33032 City/State and Zip Code LU2 Qr O Fl V Ar (2 420 Q Y UN W). COM E-mail address: (to be used for future annual report notification) mation concerning this matter, please call:	2023 GCT -2 PH 2: 41 SECRETARY STATE
<u> Luz</u> (Name of Person at (786) 269. 5515 Area Code Daytime Telephone Number	
,	eck for the following amount: g Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy Certificate of tadditional copy is enclosed) Certified Copy (additional copy	f Status & py
Ro Di	z Address: ration Section on of Corporations Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Laz cutz LL	$\mathcal C$
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>し 230093</u> のも	were filed on 091 14.1202-3 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 agent and/or the new registered office address here:	11772 JW 234JH 235032 1 107 107 107 107 107 107 107 107 107 1
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
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
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record specifies a delayo	ed effective date, but	t not an effective t	ime, at 12:01 a.m. o	n the earlier of: (b) The 90	th day afte	er the
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Dated U9 21	1000		5				

Filing Fee: \$25.00