

To:

Page: 1 of 4

2024-06-25 06:51:52 UTC+14

18506176383

From: ZenBusiness User

L23000505539

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

FILED
2024 JUN 24 AM 4:25
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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2024 JUN 24 PM 12:51

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAC SOLUTIONS LLC

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Corporate Filing Menu

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K. SALY

JUN 25 2024

To:

Page: 2 of 4

2024-06-25 06:51:52 UTC+14

18506176383

From: ZenBusiness User
H24000217424 3

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

LAC solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 JUN 24 AM 4:25
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/07/2023 and assigned
Florida document number L23000505539.

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)

1900 s treasure dr

9h

Miami, FL 33141

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1900 s treasure dr

9h

Miami, FL 33141

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

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

H24000217424 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H24000217424 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Leandro Cano	1900 S treasure dr, 911	<input type="checkbox"/> Add
		Miami, FL 33141	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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H24000217424 3

