Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAZYBANK, L.L.C.

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COVER LETTER

TO: Registration Division of C		i"	
	ANK, L.L.C.		
SUBJECT:	Name of Li	mited Liability Company	·
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
	FILAT, VASILE		
		Name of Person	
	LAZYBANK, L.L.C.		
		Firm/Company	
	4566 FICUS ST		
		Address	· · · · · · · · · · · · · · · · · · ·
	HOLLYWOOD, FL 3302	1	
		City/State and Zip Code	
	VASILEFILATZ5@GMA	IL.COM (to be used for future annual report no	
For further information	concerning this matter, please of	•	wicadoxy
FILAT, VASILE		310 490-5534	
Name	of Person	at (ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Piling 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)
<u>Mailing Addre</u> Registration		Street Address;	ation
Division of C	Corporations	Registration Se Division of Cor	porations
P.O. Box 632	27	The Centre of 7	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAZYBANK, L.L.C.		·
(Name of the Limited Liability (A Florida	y Company as it now appears on our records. Limited Liability Company)	
The Articles of Organization for this Limited Liability Co		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal <u>office address MUST BE A STREET ADDRI</u>	ESS)	
Enter new mailing address, if applicable:		
Malling address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter th	e name of the new registe
Name of New Registered Agent:	····	
New Registered Office Address:		
	Enter Florida strest address	. <u> </u>
	. Flor	
	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

Title	<u>Name</u>	Address	Type of Action
AMBR	TOLIBOV, SAIDMIRZO	4566 PICUS ST	⊟Add
		HOLLYWOOD, FL 33021	□Remove
			☐ Change
			CAdd
			□Remove
			□ Change
			□Add
			□Remove
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<u>_</u>			□Add
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	Vasile					
Dated 12/01		2023	·			
ne record specifies a delayed ef ord is filed.	Fective date, but	not an effective	time, at 12:01 a	m. on the earlier	of: (b) The 90th	day after the
Effective date, if other that (If an effective date is listed, the da Note: If the date inserted in the document's effective date on	mis piock does no	of meet fire abbi	icable statutory	(iling requiremen	ts, this date will t	ent to 605.0207 (3) not be listed as the
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Filing Fee: \$25.00