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Division of Corporations

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: (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)569-2703 Fax Number : (718)504-7890

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

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Electronic Filing Menu

Corporate Filing Menu

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JUN 2 6 2024

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From: Alexander Englard

(((H24000219520.3))) ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



<u>:</u>	LAMASSE
WDESTATE 14.	LLC
(Name of the Limited Liability Company a (A Florida Limited Liabi	s It now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company wer	re filed on 01/11/2024 and assigned
Elonda document number L24000025701	•
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 C	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)	
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do toda	
B. If amending the registered agent and/or registered office address to the new registered office address here:	ress on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
THE TOURS OF THE CONT.	Enter Florida street address
•	. Florida
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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

From: Alexander Englard

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H24000219520 3)))

MGR = Manager AMBR = Authorized Member

Title		Name		Address	Type of Action
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ument's	effective date on the Department of S	State's records.			
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