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COVER LETTER

CHRIECT.	Authorized Representatives /	Add Manager	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Rebecca Haymond		
	Name of Person Firm/Company 741 SE 5th Terrace		
		Firm/Company	
	741 SE 5th Terrace		
		Address	
	Pompano Beach, FL 33060)	
		City/State and Zip Code	
	jkhaymond@bellsouth.net		
For firehor information o	E-mail address: (oncerning this matter, please c	to be used for future annual report noti	fication)
	oncerning this matter, please co	an.	
Rebecca Haymond		954 554-0851 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing 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)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Security Division of Cor	
P.O. Box 632		The Centre of T	•

Tallahassee, FL 32314

Registration Section
Division of Corporations

ፐብ:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LB SOUARE, LLC

company has been notified in writing of this change.

(A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were fi Florida document number	iled on <u>2 / 29 / 2024</u>	and assign
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	mpany here:	
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or th	e abbreviation "L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		11. 17.
		70 m
		18 TO F
Enter new meiling address if applicable.		E O
Enter new mailing address, if applicable:		55 4
(Mailing address MAY BE A POST OFFICE BOX)		
		Σ π. ω
		ame of the new re
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here: Name of New Registered Agent:	on our records, <u>enter the n</u>	
Name of New Registered Agent:	s on our records, <u>enter the n</u>	
agent and/or the new registered office address here:	Enter Florida street address	
Name of New Registered Agent:		

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

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
AP	William B Haymond	741 SE 5th Terrace	
		Pompano Beach, FL 33060	■ Remove
AP	Lucas P Haymond	741 SE 5th Terrace	□ Add
		Pompano Beach, FL 33060	■Remove
			□Change
MGR	Jeffrey K Haymond	741 SE 5th Terrace	≣ Add
		Pompano Beach, FL 33060	□ Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□ Remove
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Note: If t	date, if other than the date is listed, the date in this the date in this the date on the	block does not	meet the appl	icable statutory	or more than 90 d filing requireme	_ (optional) lays after filing.) Pursu ents, this date will no	ant to 60 of be lis
ne record spord is filed.	pecifies a delayed effect	ive date, but no	t an effective	time, at 12:01 a	.m. on the earli	er of: (b) The 90th	day afi
Dated	April 12	_	2024				
		Pun	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
	- Sur	Signature of a	member or au	horized represent	ative of a member		
	Rebecca Haymond	- :6				-	