L24000297535

(Reque	estor's Name)
(Addre	ess)
(Addre	ess)
(City/S	State/Zip/Phone #)
PICK-UP	MAIL MAIL
(Busin	ess Entity Name)
(Docur	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fili	ng Officer:
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Office Use Only



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SECRETARY OF SIA

2024 JUL 22 FIN 14: 30

RECEIVED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lamor Investige	als. LLC	FILED
(Name of the Limited Li (A Fl	ability Company as it now appears on our re orida Limited Liability Company) LUZY	cords.) JUL 22 Pit 1:31
The Articles of Organization for this Limited Liabilin	ty Company were filed on 722	and assigned
This amendment is submitted to amend the following	Ż.	
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 AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registagent and/or the new registered office address her		nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
	•	, 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 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
MEK	Carney Taylor	2546 Shadybranch Dr. Orlando, Fr. 32822	Mdd
	•	Orlando, Fr. 32822	□Remove
			□Change
			□Add
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If an effective Note: If the	e date is listed, the date inserted	than the date of e date must be spa in this block do on the Departm	ecific and cannot es not meet th	e applicable sta	of filing or more thatutory filing req	(option an 90 days after fi uirements, this	iling.) Pursuant to	605.0207 (listed as t
rd is filed.					12:01 a.m. on the	e earlier of: (b)	The 90th day a	fter the
Dated	07/22	12624	dan -	a. ckan				
_	-	Signati	ire of a member	or authorized re	presentative of a r	nember		