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Registration Section

TO:

Division of Corporations
SUBJECT: Lomie Enterprice LLC Name of Limited Liability Company
Name of Islanded Islandiny Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cluzman Gota Christian 5. Name of Person
Christian Couzman Firm/Company
13574 Village Park 140 Address
Orlando, FL 32837 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Queman Sota, Christian S. at (407) 237970K Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Enclosed is a check for the following amount: Second Filing Fee Source Source
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lomie Enterprise LLC	
(Name of the Limited Liability Company a (A Florida Limited Liability	s it now appears on our records.) htty Company)
The Articles of Organization for this Limited Liability Company wer Florida document number <u>L 24000424874</u> .	
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:	- <u>-</u> -
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) ———————————————————————————————————	
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	5 789
	Enter Florida street address Florida
	City Zip Code ©
New Registered Agent's Signature, if changing Registered Agent:	See E O
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as prov	formance of my duties, and I am famil@Mith @d

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
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Christian Guzman		. 1 —
Signature of a member of authorized representative of a member		Christian Guzman Signature of a member or authorized representative of a member

Filing Fee: \$25.00