

L16 000 109 235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

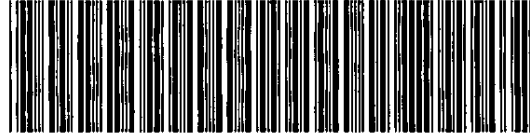
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/23/16--01012--003 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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K. SALY
EXAMINER
JUN 24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LME & ASSOCIATES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT PODVIN
Name of Person

LME & ASSOCIATES LLC
Firm/Company

22715 CAMINO DEL MAR SUITE 22
Address

BOCA RATON FL 33433
City/State and Zip Code

S.PODVIN@PODVINLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT PODVIN at (305) 769-8104
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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TALLAHASSEE, FLORIDA

LME & ASSOCIATES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06-06-16 and assigned Florida document number L16-000109235.

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 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)

9867 BOCA GARDENS TRAIL D

BOCA RATON FL 33496

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9867 BOCA GARDENS TRAIL D

BOCA RATON FL 33496

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JACQUELINE MARTINEZ - PARRA

New Registered Office Address:

9867 BOCA GARDENS TRAIL D

Enter Florida street address

BOCA RATON

City

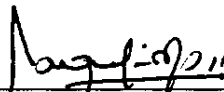
, Florida

33496

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALVAREZ BELALCAZAR FREDY	22715 CAMINO DEL MAR #22	<input type="checkbox"/> Add
		BOCA RATON FL 33433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARTINEZ-PARRA JACQUELINE	22715 CAMINO DEL MAR APT 22	<input type="checkbox"/> Add
		BOCA RATON FL 33433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FREDY ALVAREZ BELALCAZAR	9867 BOCA GARDENS TRAIL D	<input checked="" type="checkbox"/> Add
		BOCA RATON FL 33496	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JACQUELINE MARTINEZ PARRA	9867 BOCA GARDENS TRAIL D	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33496	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAIAH EARRON ALVAREZ	9867 BOCA GARDENS TRAIL D	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33496	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LENAFE SAS	AV. CR. 68 1-63 TORRE LA PT 1101	<input checked="" type="checkbox"/> Add
		BOGOTA, COLOMBIA 11001	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____

Handwritten signature: S. L. Bodwin

Signature of a member or authorized representative of a member

Scott L Bodwin, ESK

Typed or printed name of signee