

L15000000854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

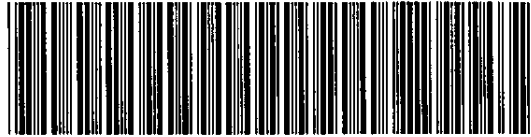
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600268695156

01/28/15--01012--013 \*\*25.00

15 JAN 28 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Givens FEB 05 2015

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**M & M Lambardo 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 01/05/2015 and assigned Florida document number L15000000854.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

M&M Lombardo LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

NO CHANGES

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

NO CHANGES

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Michael Lombardo

New Registered Office Address:

6344 Old Medinah Cr

*Enter Florida street address*

Lake Worth

Florida

*City*

33463  
*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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Michael Lambardo	6344 Old Medinah Cr	<input type="checkbox"/> Add
		Lake Worth FL 33463	<input checked="" type="checkbox"/> Remove
MGR	Maria Lambardo	6344 Old Medinah Cr	<input type="checkbox"/> Add
		Lake Worth FL 33463	<input checked="" type="checkbox"/> Remove
MGR	Michael Lombardo	6344 Old Medinah Cr	<input checked="" type="checkbox"/> Add
		Lake Worth FL 33463	<input type="checkbox"/> Remove
MGR	Maria Lombardo	6344 Old Medinah Cr	<input checked="" type="checkbox"/> Add
		Lake Worth FL 33463	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 JAN 8 AM 8:37  
 1100

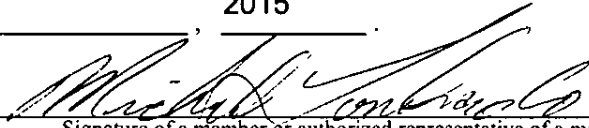
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 20, 2015



Signature of a member or authorized representative of a member

Michael Lombardo

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

15 JAN 28 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JAN 28 AM 8:30