

L14000057924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

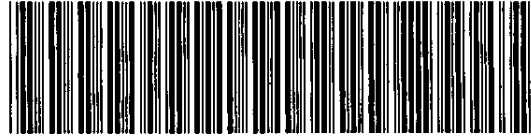
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000274606740

07/14/15--01027--003 \*\*30.00

FILED  
15 JUL 14 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 15 2015

...

# COVER LETTER

**TO: Registration Section,  
Division of Corporations**

LMC 1 Holdings, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Joe Ferrio

\_\_\_\_\_  
Name of Person

LMC 1 Holdings, LLC

\_\_\_\_\_  
Firm/Company

5000 SW 52nd ST STE 501

\_\_\_\_\_  
Address

Davie, FL 33314

\_\_\_\_\_  
City/State and Zip Code

Admin@truecarsdirect.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Ferrio

954 5147000

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

**TO  
ARTICLES OF ORGANIZATION  
OF**

LMC I Holdings, 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 04/09/2014 and assigned  
Florida document number L14000057924.

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:**

5000 SW 52nd St STE 501

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

Davie, FL 33314

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

5000 SW 52nd St STE 501

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

Davie, FL 33314

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, 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 Changing Registered Agent, Signature of New Registered Agent

**FILED**  
15 JUL 11 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Paul Carruth	5000 SW 52nd St STE 501	<input checked="" type="checkbox"/> Add
		Davie, FL 33314	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joe Ferrio	5000 SW 52nd St STE 501	<input type="checkbox"/> Add
		Davie, FL 33314	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**FILED**  
5 JUL 14 AM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Registered Agent: Address Change: New Address: 5000 SW 52nd St STE 501 Davie, FL 33314

Multiple horizontal lines for address change details.

E. Effective date, if other than the date of filing: 7/10/2015 (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 07/10/2015

Signature of Joe Ferrio
Signature of a member or authorized representative of a member

Joe Ferrio
Typed or printed name of signee

FILED
15 JUL 14 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA