



**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:

Joseph Ferrio

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

LMC 1 Holdings LLC

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

5000 SW 52nd St Ste 502

\_\_\_\_\_  
Address

Davie, FL 33314

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

Rentals@luxuriamotorclub.com

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

For further information concerning this matter, please call:

Joe Ferrio

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

Name of Person

305 615-1123

Area Code

Daytime Telephone Number

FILED  
15 AUG 10 PM 3:35

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 1 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 L15000124405.

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 502

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

Davie, FL 33314

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

5000 SW 52nd St Ste 502

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

Davie, FL 33314

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AUG 10 PM 3:30  
DAVIE, FL

**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**

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 type="checkbox"/> Add
		Davie, FL 33314	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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