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Office Use Only



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M. MILLIGAN
OCT 3 0 2018

COVER LETTER

. TO: Registration Section Division of Corporations
SUBJECT: L. A. M., 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:
Erin R. Williams Name of Person
Lindell Investments Inc. Firm Company
4320 W. Kennedy Blud. Suite 100
Tampe, FL 33609 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gregory S. Uchimure at (813) 394-6980 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status 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

0	F	
L.A.M. LLC (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L Ø7 Ø Ø Ø Ø 47 4 Ø</u> .	were filed on $\frac{1}{7/2012}$	is in the same and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil. The new name must be distinguishable and contain the words "Limited Liabil." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	o(j & LC ity Company," the designation "I.I.C" or the abbrevia 4320 W. Kennedy Blvd, Tampo, FL	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4940 St. Croix Dr. Tampa, FL 3362	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		name of the new
Name of New Registered Agent: Lyc	la D. Tymiak	

New Registered Office Address:

H940 St. Croix Dr.

Enter Florida street address

Temps Florida 33629

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 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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ocument's effective dat	e on the Department of State's records.		
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ated <u>Oct: 17</u>	7 2018		
	Signature of a member or authorized representative of a member		
	Signature of a member or authorized representative of a member		20
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Page 3 of 3

Filing Fee: \$25.00

Greg Uchimura

From:

Erin Williams

Sent:

Monday, October 15, 2018 8:25 AM

To:

Greg Uchimura

Subject:

FW: Reinstatement Application Rejected - Document No: L07000004740 Tracking No:

CR8065258769

From: donotreply@sunbiz.org <donotreply@sunbiz.org>

Sent: Monday, October 15, 2018 7:58 AM

To: Erin Williams < Erin@lindellinvestments.com>

Subject: Reinstatement Application Rejected - Document No: L07000004740 Tracking No: CR8065258769

Document Number: L07000004740

Reinstatement Tracking Number: CR8065258769

Your reinstatement could not be processed online, the business entity name listed above is no longer available. You must submit an amendment changing the name of your business entity with a completed reinstatement application, as well as the appropriate filing fees for each. Links to the amendment and reinstatement forms are indicated below.

When you have completed the reinstatement and amendment forms, attach a check and mail both forms together to: Florida Department of State, Division of Corporations, PO Box 6327, Tallahassee, FL 32314.

Make the check payable to the Florida Department of State.

If you have questions, please call the appropriate filing section. For Corporations, call 850-245-6059.

For Limited Liability Companies, Limited Partnerships, and Limited Liability Limited Partnerships, call 850-245-6051.

http://form.sunbiz.org/pdf/cr2e049.pdf Amendment Form

http://form.sunbiz.org/pdf/cr2e041.pdf Reinstatement Form

Attached is our Amendment and
Reinstatement application for L.A.M., LLC
Reinstatement application for L.A.M.,
Document #LØ7000004740

We also enclose a check to cover
- Reinstatement fee
- 2012-2018 Annual report fees
- Amendment fee