

L070000C5 2537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

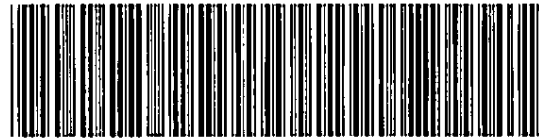
(Business Entity Name)

(Document Number)

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

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08/18/2021  
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2021 AUG -2 AM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

Law Office of  
**ROBERT J. STANZ, P.A.**

5121 South Lakeland Dr., Suite 2

Lakeland, FL 33813

Telephone: (863) 709-0206

Facsimile: (863) 709-0249

**VIA REGULAR U.S. MAIL (FIRST CLASS)**

July 29, 2021

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

Re: LEM PROPERTIES, LLC  
Document #: L07000052537  
Change of Registered Agent  
Amendment to Articles of Organization

To Whom It May Concern:

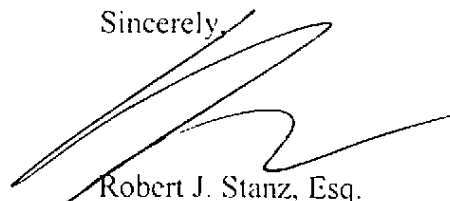
Enclosed are the following documents for filing:

1) form "COVER LETTER" for Statement of Change of Registered Agent, fully executed **Statement of Change of Registered Agent**, and my firm's check (#23517) in the amount of \$55.00 payable the Florida Department of State; and

2) form "COVER LETTER" for Articles of Organization Amendment, fully executed Articles of Amendment to Articles of Organization, and my firm's check (#23518) in the amount of \$60.00 payable the Florida Department of State.

Once the documents have been filed, please send my office the certified copies and Certificate of Status. If you have any questions or comments, do not hesitate to call my office. My email address is [rjstanz@stanzlaw.com](mailto:rjstanz@stanzlaw.com) and thank you in advance for your prompt attention to this matter.

Sincerely,



Robert J. Stanz, Esq.

cc: client  
Encls.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LEM PROPERTIES, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert J. Stanz

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

ROBERT J. STANZ, P.A.

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

5121 S. LAKELAND DR., SUITE 2

\_\_\_\_\_  
Address

LAKELAND, FL 33813

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

RJSTANZ@STANZLAW.COM

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

For further information concerning this matter, please call:

Robert Stanz

863

709 0206

at ( )

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

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: LEM PROPERTIES, LLC
2. (a) PRINCIPAL ADDRESS OF LEM PROPERTIES, LLC  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
639 MIDFLORIDA DR., SUITE 1  
LAKELAND, FL 33813
- (b) MAILING ADDRESS OF LEM PROPERTIES, LLC  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
639 MIDFLORIDA DR., SUITE 1  
LAKELAND, FL 33813
3. 07/28/2021 Date of filing/registration in Florida
4. L07000052537 Document number
5. (a) REGISTERED AGENT OF LEM PROPERTIES, LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
EDUARDO J. TAPIA  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
639 MIDFLORIDA AVE., SUITE 1  
LAKELAND, FL 33813
- (b) NEW REGISTERED AGENT OF LEM PROPERTIES, LLC  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
LEONARD M. WILT  
NEW Registered Office Address:  
639 MIDFLORIDA AVE., SUITE 1  
LAKELAND, FL 33812

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SECRETARY OF STATE  
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

MIGUEL A. IBARRA

[Signature]  
Signature of a member or authorized representative of a member

Printed or typed name of signee

*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.*

[Signature]  
Signature of Registered Agent