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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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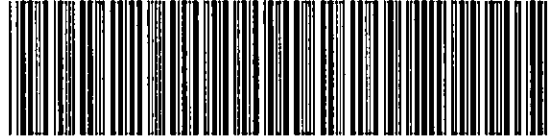
(Business Entity Name)

(Document Number)

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2020 MAR 26 PM 12:42  
ALABAMA

Amend/CC

APR 09 2020  
I ALBRITTON

## COVER LETTER

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

SUBJECT: LMP Southerly L.L.C.  
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:

Dave Evans, Esq.

Name of Person

Law Firm of H. Greg Lee, P.A.

Firm/Company

2601 Cattlemen Road Suite 503

Address

Sarasota, FL 34232

City/State and Zip Code

pearcepad@gmail.com

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

For further information concerning this matter, please call:

George Pearce 941 951-2330  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**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

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U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF NEW YORK

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**If Changing Registered Agent, Signature of New Registered Agent**

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>	<u>Address</u>	<u>Type of Action</u>
MGR	George Pearce	1703 North Drive Sarasota, FL 34239	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Linda Pearce		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1703 North Drive Sarasota, FL 34239	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

George Pearce will become the Manager and Registered Agent of the LLC and Linda Pearce will be removed as manager, but she shall remain a member thereof. The manager shall have the ability to make all decision without the approval of any member.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 March 23, 2020

Linda M Pearce

Signature of a member or authorized representative of a member

Linda M. Pearce

Typed or printed name of signee

**Filing Fee: \$25.00**