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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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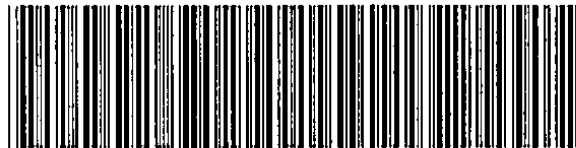
(Business Entity Name)

(Document Number)

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2021 AUG 25 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FL

09/03/2021
JH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LMNE, 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:

PATRICIA O. ESPINOSA, ESQ.

Name of Person

PATRICIA O. ESPINOSA, P.A.

Firm/Company

2950 SW 27 AVENUE, SUITE 210

Address

MIAMI, FLORIDA 33133

City/State and Zip Code

PATTY@PESPINOSALAW.COM

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

For further information concerning this matter, please call:

PATRICIA O. ESPINOSA

305

448-5252

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 Address:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2021 AUG 25 PM 4:01

LMNE, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/20/2010 and assigned
Florida document number L10000054485.

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:

2950 SW 27TH AVENUE

(Principal office address MUST BE A STREET ADDRESS)

SUITE 210

MIAMI, FLORIDA 33133

Enter new mailing address, if applicable:

2950 SW 27TH AVENUE

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 210

MIAMI, FLORIDA 33133

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:

PATRICIA O. ESPINOSA, ESQ.

New Registered Office Address:

2950 SW 27TH AVENUE, SUITE 210

Enter Florida street address

MIAMI

City


Florida

33133

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	FRANK R.S. FABRE, ESQ.	2310 COUNTRY CLUB PRADO	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	PATRICIA O. ESPINOSA, ESQ.	2950 SW 27TH AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 210	<input type="checkbox"/> Remove
		MIAMI, FLORIDA 33133	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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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)

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.

Patricia Oleszynska
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00