L12000039097

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(Address)	
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2012 NOV 19 PM 1: 32

C. LEWIS

NOV 2 0 2012

EXAMINER

COVER LETTER

	Registration Sect Division of Corpo			
SUBJEC ***	т:	Marsh In Name of Limit	lestment Group led Liability Company	, uc
The enclo	sed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspond	lence concerning this matter	to the following:	
			effrey W. Mars	h
			Firm/Company	··-
		2475	Ashbury Circle	<u></u>
		Cape Cova		
			eff. marsha me. Co o be used for future annual report notificati	ion)
For furthe	r information con	cerning this matter, please ca	all:	
Je	Frey W. Warne of P	Marsh	at (<u>239) 989 - G</u> Area Code & Daytime Te	9805 Elephone Number
Enclosed i	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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<u>Lumarsh</u> Ir	Westmant Group, 2013 NOV 19 PM 1:32
(Name of the Limited Liability) (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number <u>L1200039097</u>	Company were filed on 03 20 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
· L	STMENT GROUP, LLC
	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
	D.E.G.C.\
(Principal office address MUST BE A STREET ADD	KESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis	tered office address on our records, <u>enter the name of the new</u> lress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
 	City Zin 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Address 2475 Ashbury Circle Cape Coral, FL, 33991 **Title Name Type of Action** Emilia Lumar Remove Remove Remove Add

 Remove
 Add
 Remove

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November 5th		
]/n////	
	MATO Colo	
Signatu	re of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00