

L12000073390

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(City/State/Zip/Phone #)

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2014 AUG 25 AM 11:49
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

N. Gulligan AUG 29 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **LMR PROPERTY SOLUTIONS, 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:

LUIS PLACERES

Name of Person

Firm/Company

2401 SW 84 TERR

Address

MIRAMAR, FL. 33025

City/State and Zip Code

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

For further information concerning this matter, please call:

LUISITOPAREDES@HOTMAIL.COM

Name of Person

at (**561**) **876-4157**

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2014 AUG 25 AM 11:4

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LMR PROPERTY SOLUTIONS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/01/2012 and assigned
Florida document number L12000073390.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

LUIS PLACERES

2401 SW 84TH TERR

MIRAMAR, FL. 33025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2401 SW 84TH TERR

MIRAMAR, FL. 33025

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

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 the Managers or Authorized Member on our records, enter the title, name, and address
Authorized Member 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	LUIS PLACERES	2401 SW 84TH TERR	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL. 33025	<input type="checkbox"/> Remove
MGR	MARIA RODRIGUEZ	2401 SW 84TH TERR	<input type="checkbox"/> Add
		MIRAMAR, FL. 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 06 , 2014

X 

Signature of a member or authorized representative of a member

LUIS PLACERES

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA