

LI2000112592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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2014 JUN -2 PM 1:03
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JANUARY 10 2014

JUN 06 2014

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **LMSR Estate Trust 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:

Thomas Pierce

Name of Person

Firm/Company

2298 SE 28th St

Address

Cape Coral, FL 33904

City/State and Zip Code

tom@capeinfo.net

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

For further information concerning this matter, please call:

Thomas Pierce

Name of Person

at **(239) 470-3611**

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

FILED
2014 JUN -2 PM 4:03
TALLAHASSEE, FLORIDA
REGISTRATION SECTION

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LMSR Estate Trust 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 8/21/2012 and assigned
Florida document number L12000112592.

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:

2298 Se 28th St

(Principal office address MUST BE A STREET ADDRESS)

Cape Coral, Fl 33904

Enter new mailing address, if applicable:

2298 SE 28th St.

(Mailing address MAY BE A POST OFFICE BOX)

Cape Coral, Fl 33904

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:

Thomas O. Pierce

New Registered Office Address:

2298 SE 28th St.

Enter Florida street address

Cape Coral

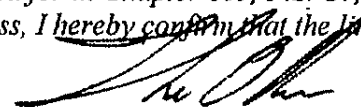
City

, Florida 33904

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 of each Manager or 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>
MGRM	Thomas O Pierce	2298 SE 28th St.	<input checked="" type="checkbox"/> Add
		Cape Coral, Fl 33904	<input type="checkbox"/> Remove
MGRM	Lorena M Solano	622 SW 11th Ave	<input type="checkbox"/> Add
		Cape Coral, Fl 33991	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

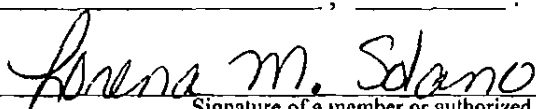
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 CLERK OF COURT
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 1000

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 May 28th, 2014



Signature of a member or authorized representative of a member

Lorena M. Solano

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

CLERK OF STATE
TREASURY OF FLORIDA

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