

L12000152059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

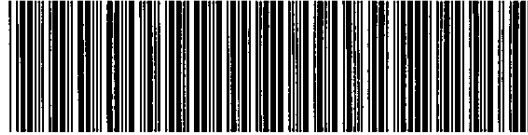
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15 MAY 20 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 20 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LBF ENGINEERING & CONSULTING SERVICES, 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:

DANFORD SAMMONS

Name of Person

LBF SOLUTIONS, LLC

Firm/Company

14950 HARTFORD RUN DR

Address

ORLANDO, FL 32828

City/State and Zip Code

dsammons@lbfsohns.com

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

For further information concerning this matter, please call:

DANFORD SAMMONS

Name of Person

at (407) 496-5514

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2015

DANFORD SIMMONS
14950 HARTFORD RUN DR
ORLANDO, FL 32828

SUBJECT: LBF ENGINEERING & CONSULTING SERVICES, LLC
Ref. Number: L12000152059

RECEIVED
15 MAY 20 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LBF ENGINEERING & CONSULTING SERVICES, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration Section.

Letter Number: 715A00008036

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

LBF ENGINEERING & CONSULTING SERVICES, 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 DECEMBER 05, 2012 and assigned Florida document number L12000152059.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LBF SOLUTIONS, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

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15 MAY 08 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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.

Dated 3/31/2015, _____.

Danford E. Seem
Signature of a member or authorized representative of a member

DANFORD E SAMMONS
Typed or printed name of signee

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15 MAY 20 AM 8:54
CLERK OF STATE
TALLAHASSEE, FLORIDA