

# L12000158381

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100246380731

04/04/13--01008--020 \*\*25.00

FILED

13 APR 22 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
APR 23, 2013  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 5, 2013

NGOZI OKONMAH / KELLER WILLIAMS CLASSIC REALTY  
7614 GRAMERCY DRIVE  
ORLANDO, FL 32818

SUBJECT: LMO GROUP LLC  
Ref. Number: L12000158381

We have received your document for LMO GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 813A00008106

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LMO Group 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:

Ngozi Okonmah

Name of Person

Keller Williams Classic Realty

Firm/Company

7614 Gramercy Dr

Address

Orlando, FL. 32818

City/State and Zip Code

ngozi.okonmah@gmail.com

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

For further information concerning this matter, please call:

Ngozi Okonmah

Name of Person

at ( 305 ) 632-4006

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**

13 APR 22 PM 4:31

**LMO GROUP 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 12/19/2012 and assigned  
Florida document number L12000158381.

This amendment is submitted to amend the following:

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

Ngozi Okonmah 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)**

7614 Gramercy Dr

Orlando, FL. 32818

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

7614 Gramercy Dr

Orlando, FL. 32818

**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 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 Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**MGRM = Managing Member**

13 APR 22 PM 4: 31

SECRETARY OF STATE

**Granner.CMYdr.**

**Address**

**Ngozichukwuka Okonmah**

7614 Grammercy Dr.

☒ Add

Orlando, FL. 32818

☐ Remove

☐ Add

☐ Remove

 Add

 Remove

 Add

☐ Remove

☐ Add

☐ Remove

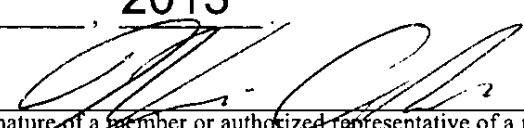
 Add

☐ Remove

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

In accordance with DBPR, as a Real Estate Agent, I  
can not do business under my current incorporated name of LMO  
GROUP LLC. I was informed to the necessary change by Keller  
Williams Classic Realty, of whom which my Real Estate Licence is  
help by.

Dated March 21, 2013

  
Signature of a member or authorized representative of a member

NGOEI OKONMAH  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

13 APR 22 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA