L13000138946

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07/26/24--01012--002 **25.00

COVER LETTER

TO: Registration Sec Division of Corp		
SUBJECT:	LPR2014, LLC Name of Limited Liability Company	
The enclosed Articles of A	amendment and fee(s) are submitted for filing.	
Please return all correspon	dence concerning this matter to the following:	
	Elizabeth Miller Name of Person	
	Roschman Enterprises	
	6300 NE 1st Ave., Suite 200	
	Fort Lauderdule, FL 33334	
	E-mail address: (to be used for future annual report notification)	
For further information cor	ncerning this matter, please call:	
Elizabe	Person at (954) 982-6535 Area Code Daytime Telephone Number (
Enclosed is a check for the \$25.00 Filing Fee		•
22	Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Gopy (additional copy is enclosed) (additional copy is enclosed)	•

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LPR2014, LL	.C
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number $\underline{L13000138946}$.	ed on $\frac{10/2/20/3}{200}$ and assigned
l'his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," 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)	(a) 122
	20 N
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	
Name of New Registered Agent:	77 08 77 08
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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Logan P. Roschman	Address 6300NE 15+Ave., Ste 200 Fort Lauderdaie, FL 33334	_ ⊠ Add
	J		_ 🗆 Remove
			_
MGR	Robert J. Roschman	6300 NEISTAVE, STE 200 Fort Lauderdale, FL 33334	_ □Add
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			_ 🗆 Change
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			Remove
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's reco	prior to date of filing or n pplicable statutory filir	iore than 90 days after	filing.) Pű	rsuan r to 60	
ne record specifies a delayed effective date, but The 90th day after the record is filed.	t not an effective	time, at 12:01 a	ı.m. on	the earl	ier o
Dated July 24 . 20:	24				
1 _	}				
Signature of tryamb	Suthorized representative	of a member			
Signature of a wember of	authorized representative				