

L14000057924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

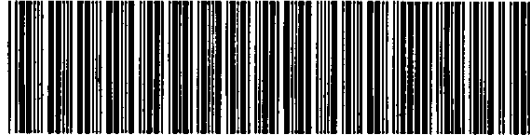
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/10/16--01024--009 **30.00

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2016 AUG 10 P 2:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

S Warren

AUG 11 2016

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: LMC 1 Holdings 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:

Joseph Ferrio

Name of Person

LMC 1 Holdings LLC

Firm/Company

700 NW 57th Place Ste 2

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

Admin@palmbeachluxurymotors.com

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

For further information concerning this matter, please call:

Andrew Simmons

954 951-2695
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input 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

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Joseph Ferrio	700 NW 57th Place Ste 2	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33309	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Andrew Simmons	700 NW 57th Place Ste 2	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated August 9, 2016

Signature of a member or authorized representative of a member

Andrew Simmons

Typed or printed name of signee

Filing Fee: \$25.00

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TREASURY OF FLORIDA