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(Re	equestor's Name)	
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COVER LETTER

	gistration Se vision of Cor		
SUBJECT:	LMC 1 Hol		
SUBJECT:		Name of Limi	ited Liability Company
The enclosed	d Articles of .	Amendment and fee(s) are sub-	nitted for filing.
Please return	all correspo	ndence 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@palmbeachluxurym	notors.com to be used for future annual report notification)
For further i	nformation co	oncerning this matter, please ca	
Andrew Sin	nmons		954 951-2695
	Name o	f Person	at (
Enclosed is	a check for th	ne following amount:	
\$25.00 I	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)
	Registr Divisio P.O. Bo	ation Section on of Corporations ox 6327 assee, 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

LMC 1 Holdings LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our rec Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 04/09/2014	and assigned
Florida document number L14000057924	_ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Deal Driver LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		way reg
Principal office address MUST BE A STREET ADDR	ESS)	
		25 5 m
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		1.021 15
Mutuing duaress MAT BE A FOST OFFICE BOX)		
		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		, 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>	<u>Address</u>	Type of Action
AMBR	Joseph Ferrio	700 NW 57th Place Ste 2	Add
		Fort Lauderdale, FL 33309	☐ Remove
			■ Change
AMBR	Andrew Simmons	700 NW 57th Place Ste 2	Add
		Fort Lauderdale, FL 33309	☐ Remove
			☐ Change
	·		
			□ Remove
			☐ Change
			Add
			☐ Remove
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		08/10/2016					
ctive date, if other than the effective date is listed, the date mu	ist be specific and	g:	to date of filing or r	nore than 90 da	_ (optior ays after fi	ling.) Purs	suant to 605.0
e: If the date inserted in this bument's effective date on the I			ible statutory filir	ng requireme	nts, this o	late will	not be listed
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Filing Fee: \$25.00

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