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COVER LETTER

	gistration Sec ision of Corp				
SUBJECT:	LC Enter	prises of Florida LLC			
SUBJECT:	Name of Limited Liability Company				
The enclosed	I Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please returr	all correspon	ndence concerning this matter	to the following:		
		Ross Greenberg			
			Name of Person		
		Greenberg Law Gro	up PA		
			Firm/Company		
		2883 Executive Park	Drive, Suite 200		
		-	Address		
		Weston, Florida 333	31		
			City/State and Zip Code		
		ross@greenberglawg	• •		
		E-mail address: (to be used for future annual report notific	cation)	
For further in	nformation co	oncerning this matter, please ca	all:		
Ross Gre	enberg		954 659-8300		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	a check for th	e following amount:			
■ \$25.00 F	iling 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

LC Enterprises of FLorida LC		
(Name of the Limited L (A F	iability Company as it now appears of lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabil	ity Company were filed on May	5, 2014 and assigned
Florida document number L14000082769	.	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
		a)
The new name must be distinguishable and end with the word	s "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	78 S
		AR AR 3
Futur navy mailing address if amiliables		SSI O
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	الربال المرابات
		0RUL 36
		
B. If amending the registered agent and/or registered agent and/or the new registered office		ir records, enter the name of the new
registered agent and/or the new registered office	auuress nere:	
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>	Name	Address	Type of Action
M, P	Luke McMillian	15583 County Road	■ Add
		Live Oak, Florida 32060	Remove
M,P	Brandon McMillian	15583 County Road	
	•	Live Oak, Florida 32060	Remove
			Add
			□ Remove
			Remove SECRETARY OF ALLAHASSEE, F
			Add FOR STATE OR CONTROL OR
		·	
			Add Remove
			

If amending any other informs	ation, enter change(s) here: (Attach additional sheets, if necessa
	,
	· · · · · · · · · · · · · · · · · · ·
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Effective date, if other than the (The effective date must be specific, can the date this document is filed by the F	e date of filing:(optional not be prior to date of receipt or filed date and cannot be more than 90 days after Florida Department of State)
March 17	2015
Dated Watch 17),
(76m	
	Signature of a member or authorized representative of a member
Brandon McMillia	n
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00