Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : TAX, ACCOUNTING AND FINANCIAL EXPERTS

Account Number: I20120000058 : (305)438-7671

: (866)895-8710 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LMI GROUP, LLC.

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Corporate Filing Menu

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2015 SEP 11 AM 7: 50

ARTICLES OF AMENDMENT SECRETARY OF STATE TO FALL AHASSEE, FLORIDA ARTICLES OF ORGANIZATION OF

	LMI GROUP LLC		
(Name of the Lim	ited Liability Company as it nov (A Florida Limited Liability Co.	y appears on our records.)	*
The Articles of Organization for this Limited I	Liability Company were filed	on06/30/2014	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability comp	oany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compan	y." the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE</u>	<u></u>		
B. If amending the registered agent and registered agent and/or the new registered of		ress on our records, <u>e</u>	nier the name of the n
Name of New Registered Agent:	TAX, ACCOUNTING & FINANCIAL EXPERTS INC		
New Registered Office Address:	20900 NE 30TH AVE STE 817 Enter Floridu street address		
	AVENTURA	, Florid	a 33180
	Citu		ZID Coda

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.

f 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

Title	<u>Name</u>	Address	Type of Action
MGR	LUIS MARIA IRIDOY	5601 COLLINS AVE STE# 1015	
		MIAMI BEACH, FL 33140	Remove
			Change
MGR LEOPOLDO CARRENA	LEOPOLDO CARRENA	PO BOX 143957	D Add
	CORAL CABLES, FL 33114	Remove	
		Change	
		D Add	
		Remove	
		Change	
		Remove	
		Change	
		Add	
			C Remove
			Change
	William Control of the Control of th		D Add
			Remove
			Change

D. If smending any other informa	tion, enter change(s) here: (Attach additiona	d sheets, if necessary.)
- And		
		
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		SEP 1
	 	7:5
		> 0
		
E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the Di	t be specific and cannot be prior to date of filing or more ock does not meet the applicable statutory filing re	than 90 days after filing.) Pursuant to 605,0207 (3)(b) equirements, this date will not be listed as the
f the record specifies a delayed b) The 90th day after the rec	effective date, but not an effective time ord is filed.	e, at 12:01 a.m. on the earlier of:
Dated September 10th	2015	
Lea	Lalle Carrena	
	Signature of a member or authorized representative of a	a member
	*	

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Filing Fee: \$25.00