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. PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

L & M Holdi	ng LLC		
JBJECT:	<u> </u>		
	Name of Limit	ed Liability Company	
he enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
lease return all correspon	dence concerning this matter t	o the following:	
	Luigi Galascio		
		Name of Person	
		Firm/Company	
	3553 NW 10TH Ave		
		Address	
	Oakland Park Florida 3330	9	
	LGALASCIO@GMAIL.CC		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please co	nlł:	
LUIGI GALASCIO	·	954 347-0866 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
and the state of t	he Colleging amount		•
Enclosed is a check for t		☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
<b>■</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy  (additional copy is enclosed)	Certificate of State Certified Copy (additional copy is use)

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

L & M HOLDING LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	records.)	-
The Articles of Organization for this Limited Liability Company v  Florida document number	vere filed on		and assigned
This amendment is submitted to amend the following:			<u>;</u>
A. If amending name, enter the new name of the limited liabil	ity company here:		
L & M HOLDING 1 LLC			1
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation	"LLC" or the abb	reviation L.L.C.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			Here TR
(Mailing address MAY BE A POST OFFICE BOX)			8 AM 7:
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ice address on our rec	cords, <u>enter th</u>	e_name of the
Name of New Registered Agent:	·		1
New Registered Office Address:		_	<u> </u>
	Enter Florida street a	ddress	1
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•		1
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties	s, and I am fam	iliar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

GR= Ma MBR= Au	nager thorized Member		
<u>tle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ce 90th day after the record is filed.	of:
	NOVEMBER, 8 2017	
Date	,	
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	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00