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COVER LETTER

LCM CONSULTANT SERVICES, LLC SUBJECT: 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: LAURA MUNILLA Name of Person LCM CONSULTANT SERVICES, LLC Firm/Company 6030 SW 114th STREET Address MIAMI, FL 33156 City/State and Zip Code Lauritamunilla@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Laura Munilla Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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



LCM CONSULTANT SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 01/25/2018	and assigned
Florida document number L14000140221		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off		ater the name of the new
registered agent and/or the new registered office address here	:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	a
	City	a Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I rovided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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
MGR	JUAN MUNILLA	6201 SW 70 STREET	
			🗆 Add
		MIAMI, FL 33143	
			Remove
			☐ Change
			Change
			LI Add
			Crinove
			TI Char
			Change
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<u>te:</u> It the	te, it other than the date of filing: late is listed, the date must be specific and cannot be prior to date inserted in this block does not meet the applical effective date on the Department of State's records.	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605.0207 ole statutory filing requirements, this date will not be listed as
	specifies a delayed effective date, but not day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of
ed	OCTOBER 8 2018	
<u></u>	BI	

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Typed or printed name of signee

Filing Fee: \$25.00