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COVER LETTER

	egistration Sec ivision of Corp		•	• • •
	LMC 2 Hold	_		•
SODJECI	•		ted Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please retu	ırn all correspor	ndence concerning this matter t	to the following:	
		David Feldbaum		
			Name of Person	
		LMC 2 Holdings LLC		
			Firm/Company	
		5000 SW 52nd St Ste 502		
			Address	
		Davie, FL 33314		
		Rentals@luxuriamotorclub.c	City/State and Zip Code	
		E-mail address: (t	o be used for future annual repor	t notification)
For further	information co	ncerning this matter, please ca	li:	
David Feld	dbaum		305 615-112 at ()	23
	Name of	Person		aytime Telephone Number
Enclosed is	s a check for th	e following amount:		
\$25.00	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)
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 ssee, FL 32314	Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle

TO ARTICLES OF ORGANIZATION OF

LMC 2 Holdings LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 7/21/2015 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	5000 SW 52nd St Ste 502	
(Principal office address MUST BE A STREET ADDRESS)	Davie, FL 33314	
Enter new mailing address, if applicable:	5000 SW 52nd St Ste 502	
(Mailing address MAY BE A POST OFFICE BOX)	Davie, FL 33314	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here 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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and Lam familiar With and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability	
	ORDER O	
If Char	nging Registered Agent, Signature of New Registered Agent	

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	LMC 1 Holdings LLC	5000 SW 52nd St Ste 501	□ Add
		Davie, FL 33314	■ Remove
			☐ Change
AMBR	Paul Carruth	5000 SW 52nd St Ste 502	⊠ Add
		Davie, FL 33314	□ Remove
			☐ Change
			□ Add
			Remove
			Change
			Add
			Remove
		- /	Change
			Add
			Remove
			Change ABC Add Add
			Remove Change

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(If an effect Note: If		ecific and cannot be prior to date of filing or more than 90 day es not meet the applicable statutory filing requirement	
	rd specifies a delayed effection of the cord is the record is	ctive date, but not an effective time, at 12: ifiled.	:01 a.m. on the earlier of:
A Dated	ugust 6	2015	·
	·		EN EN
	Signati	ure of a member or authorized representative of a member	(A) -
	David Feldbaum		SAY O IN
		Typed or printed name of signee	F STATE
		Dogo 2 of 2	

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Filing Fee: \$25.00