

L15000131245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

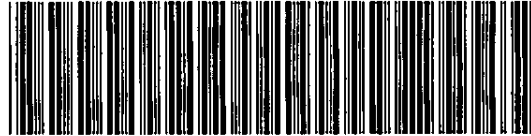
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000279316820

11/23/15--01041--019 **25.00

FILED
15 NOV 28 PM 3:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

NOV 30 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LCSS, LLC

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:

MARIA CALDERON

Name of Person

LSS, LLC

Firm/Company

4301 N COOLIDGE AVE

Address

TAMPA, FL 33614

City/State and Zip Code

MYLCSS123@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA CALDERON

Name of Person

813 285-3682
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

LCSS, 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 07/31/2015 and assigned
Florida document number 115000131245.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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 office address on our records, enter 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

_____, **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 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>	<u>Type of Action</u>
MGR	MARIA CALDERON	4301 N COOLIDGE AVE	<input type="checkbox"/> Add
		TAMPA, FL 33614	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YONY GONZALES	4301 N COOLIDGE AVE	<input type="checkbox"/> Add
		TAMPA, FL 33614	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GUADALUPE CALDERON	4301 N COOLIDGE AVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33614	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 NOV 23 PM 3:30
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/15/23 BY SP8 BJA/STP

FILED

NOV 29 11 01 AM '64
OFFICE OF THE
SHERIFF, FLORIDA

15 NOV 23 PM 3:30
U.S. DEPT. OF STATE
WASHINGTON, FLORIDA

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated NOVEMBER 19, 2015.

MARIA CALDERON

Typed or printed name of signer