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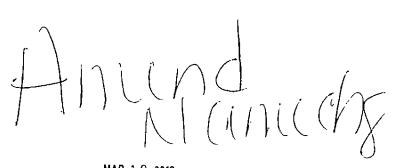
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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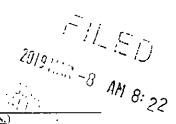
	of Corporations	
SUBJECT:	LIC USA, LLC	
SOBJECT:	Name of Limited Liability Company	
The enclosed Arti	les of Amendment and fee(s) are submitted for filing.	
Please return all c	rrespondence concerning this matter to the following:	
	L B Carpenter, III	
	Name of Person	
	L B Carpenter, PA	
	Firm/Company	
	420 S Dixie Hwy, Suite 2B	
	Address	
	Coral Gables, FL 33146	
	City/State and Zip Code	
	Ibbeatsirs@aol.com	
	E-mail address: (to be used for future annual report notification)	
For further inform	ation concerning this matter, please call:	
L B Carpenter	at (
	Same of Person Area Code Daytime Telephone Number	
Enclosed is a chec	x for the following amount:	
■ \$25.00 Filing	Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy	`Status & oy

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**



LIC USA, LLC

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

The Articles of Organization for this Limited Liability Co	ompany were filed on	10/14/2015 and assigned	
Florida document numberL15000175036	<u>-</u> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company he	ere:	
LDR BROS, LLC			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the c	designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	420 S Dixie Hv	vy, Suite 2B	
Principal office address MUST BE A STREET ADDR	Coral Gables, F	Coral Gables, FL 33146	
		 	
	420 S Díxie Hv	on Suite 2D	
Enter new mailing address, if applicable:		•	
Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, F	L 33146	
			
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		our records, <u>enter the name of the</u>	
Name of New Registered Agent: LB Ca	ipener, in		
New Registered Office Address: 420 S I	Dixie Hwy, Suite 2B		
	Enter Flo	rida street address	
Coral	Gables	, Florida 33146	

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>	Type of Action
		N/A	Add
			Remove
			☐ Change
		N/A	Add
			□ Remove
			Change
		N/A	
			□ Remove
		 -	Change
		N/A	
			□ Remove
			Change
		N/A	
			Remove
			Change
		N/A	Add
			Remove
			Change

	N/A
	
	
	1 2010
Note:	January 1st, 2019 tive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	3-5-19 Signature of a member or authorized representative of a member
	L B Carpenter, III
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00