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# **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	LMD Sp	orts LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Lan	Name of Person	
	Lm	D SOF S	
	3650	$\frac{1}{1}$ Sw $\frac{1}{1}$ $\frac$	<u>,                                      </u>
	Deert	Teld Beach City/State and Zip Code	FC 33442
	E-mail address: (	to be used for future annual report notific	olex.com
For further information c	oncerning this matter, please c	all:	
Jeff	Soler	at ( <u>56/</u> ) <u>350-</u> Area Code Daytime	1112
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)

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

PILED
' 30/ /,
ALLAHASSEE, FLORID.

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

(A Florida Limited Liability Company)

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:

(Mailing address MAY BE A POST OFFICE BOX)

New Registered Office Address:

Lawrence De

Enter Florida street address

Deeffield Beach, Florida 33442 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Au	ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgc	Cawrence Dezenzo	3650 SW 10th St	
-		Deerfield Beach, F	C Remove
		33442	Change
Aut	h Bradley Dezenzo	# 7601 NW 39th AVE	□ Add
Member	•	Coconat Creek FC	Remove
		33073	
Mac	Jeffrey Soler	3650 SW10th St	
J		Derfield Beach FC	Remove
4		33442	Change
MG	Lawrence Desens	o 1455 Newport Cente	. <u>·</u> C□ Add
J		Decrfield Brach FC	Remove
		33442	□ Change
			□ Add
			□ <b>Se</b> nove
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fect m of	ive date, if other than the date of filing: (optional) fective 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
oțe:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cun	nent's effective date on the Department of State's records.
re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	90th day after the record is filed.
ited	
	Signature of a member or authorized representative of a member
	Lawrence Dezenzo

Page 3 of 3

Filing Fee: \$25.00