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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

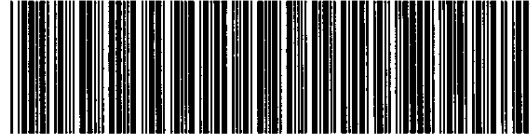
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 07 2016  
J. HARRIS

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: LFD Investments 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:

Jean L Malary  
Name of Person

LFD Investments LLC  
Firm/Company

1500 Lauderdale Villa Dr.  
Address

Ft. Lauderdale, FL 33311  
City/State and Zip Code

lj.hvac@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean L Malary at ( 954 ) 309-7593  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

LFD Investments LLC

Page 1 of 3

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	Malary, Jean L	1500 Lauderdale Villa Dr.	<input type="checkbox"/> Add
		Ft. Lauderdale, FL 33311	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Petit-Frere, Facilia	1500 Lauderdale Villa Dr.	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, FL 33311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Add FEI/EIN Number: 81-1281706

E. Effective date, if other than the date of filing: 2/1/2016 (optional)

(If an effective 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)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated August 28, 2016.

Jean Malary

Signature of a member or authorized representative of a member

Jean L. Malary

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA