# 116000046484

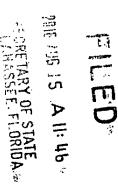
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
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**S Warren** AUG 1 6 2016

# **COVER LETTER**

Division of Cor	porations		
LFM & LFI SUBJECT:	M Investments, LLC		
SCENECT.		ited Liability Company	<del>.</del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Derek Breen		
		Name of Person	<del> </del>
-	Breen Accounting & Tax S	Service Inc	
		Firm/Company	
	3359 W Vine St Suite 104		
		Address	
•	Kissimmee FL 34741		
		City/State and Zip Code	
	dbreen@fltaxservice.com		
	E-mail address: (t	o be used for future annual report notific	cation)
For further information of	oncerning this matter, please ca	ill:	
Derek Breen		407 931-2344	
Name o	f Person	at () Area Code Daytime	Telephone Number
	0.11		
Enclosed is a check for the	ne 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

TO:

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

LFM & LFM Investments, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited L Florida document number L16000046484	Liability Company	were filed on $\frac{03/07/2}{}$	2016 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	pility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3359 W Vine Street	Suite 104
		Kissimmee FL 34741	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3359 W Vine St Suit Kissimmee FL 3474	
3. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	office address her	ffice address on our	r records, enter the name of the
	3359 W Vine S	Street Suite 104	
New Registered Office Address:	3339 W VIIIC 3	Enter Florida si	treet address
	Kissimmee		, Florida <sup>34741</sup>
			, riorida

### 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 Agen

Page 1 of 3

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Anderson Felipe Da Silva Moraes	Rua DR. Borman No. 23	Add
		conjunto 216/217 Centro - Niteroi	□ Remove
		RJ - CEP 24.020-320 BRAZIL	☐ Change
			Add
			☐ Remove
			☐ Change
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Note:	ive date, if other than the date of filing:  08/15/2016  (optional)  ective 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 605.020  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a tent's effective date on the Department of State's records.
e rec	ord 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.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Anderson Felipe Da Silva Moraes  Typed or printed name of signee
Dated	Signature of a member or authorized representative of a member  Anderson Felipe Da Silva Moraes

Filing Fee: \$25.00