

L16000120392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

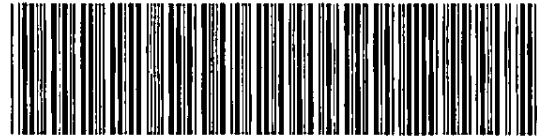
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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NOV 27 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LPI US, 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:

OSMAY RODRIGUEZ

Name of Person

LPI US, LLC

Firm/Company

2223 N WESTSHORE BLVD SUITE 103

Address

TAMPA FL 33607

City/State and Zip Code

GERALDINEJOUSSEAU@GMAIL.COM

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

For further information concerning this matter, please call:

OSMAY RODRIGUEZ

813

531-4665

at ( )

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LPI US, LLC

(Name of the Limited Liability Company as it now appears on our records,  
(A Florida Limited Liability Company))

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The Articles of Organization for this Limited Liability Company were filed on 06-22-2016 and assigned  
Florida document number L16000120392

This amendment is submitted to amend the following:

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

N/A

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)**

101 HOMEPORT DRIVE

PALM HARBOR, FL 34683

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

101 HOMEPORT DRIVE

PALM HARBOR, FL 34683

**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:

GERALDINE A JOUSSEAU

New Registered Office Address:

101 HOMEPORT DRIVE

Enter Florida street address

PALM HARBOR

Florida 34683

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.

X  
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	OSMAY RODRIGUEZ	2223 N WESTSHORE #103	<input type="checkbox"/> Add
		TAMPA, FL 33607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOAQUIN RODRIGUEZ	2223 N WESTSHORE #103	<input type="checkbox"/> Add
		TAMPA, FL 33607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JEAN-JACQUEZ A JOUSSEAU	101 HOMEPORT DRIVE	<input checked="" type="checkbox"/> Add
		PALM HARBOR, FL 34683	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GERALDINE A JOUSSEAU	101 HOMEPORT DRIVE	<input checked="" type="checkbox"/> Add
		PALM HARBOR, FL 34683	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Estelle Mattingly	101 HOMEPORT DRIVE	<input checked="" type="checkbox"/> Add
		PALM HARBOR, FL 34683	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

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F. Effective date, if other than the date of filing: IMMEDIATELY (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)

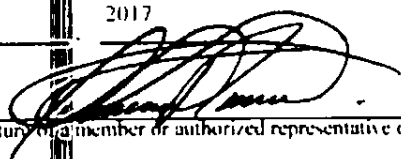
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 11/06

2017

  
X Signature of a member or authorized representative of a member

OSMAY RODRIGUEZ

Typed or printed name of signee