

**L16000154979**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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MAIL

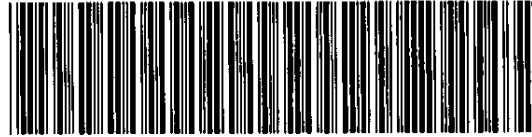
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**16 NOV 23 PM 2:48**

**DIVISION OF CORPORATIONS**

**O SIMMONS**  
**NOV 28 2016**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LAMONT 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:

ALEJANDRO VELEZ

Name of Person

MIDTOWN REALTY GROUP LLC

Firm/Company

175 SW 7TH STREET, SUITE 2112

Address

MIAMI, FLORIDA 33130

City/State and Zip Code

avelez@midtown-realty.com

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

For further information concerning this matter, please call:

ALEXANDER SAIEH

at (305) 9611115

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**

LAMONT INVESTMENTS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/18/2016 and assigned  
Florida document number L16000154979.

This amendment is submitted to amend the following:

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

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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
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, 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          | ALEJANDRO VELEZ | 175 SW 7TH ST          | <input type="checkbox"/> Add               |
|              |                 | SUITE 2112             | <input checked="" type="checkbox"/> Remove |
|              |                 | MIAMI, FL 33130        | <input type="checkbox"/> Change            |
| MGR          | JAVIER RAMIREZ  | 901 PONCE DE LEON BLVD | <input checked="" type="checkbox"/> Add    |
|              |                 | SUITE 204              | <input type="checkbox"/> Remove            |
|              |                 | CORAL GABLES, FL 33134 | <input type="checkbox"/> Change            |
|              |                 |                        | <input type="checkbox"/> Add               |
|              |                 |                        | <input type="checkbox"/> Remove            |
|              |                 |                        | <input type="checkbox"/> Change            |
|              |                 |                        | <input checked="" type="checkbox"/> Add    |
|              |                 |                        | <input type="checkbox"/> Remove            |
|              |                 |                        | <input type="checkbox"/> Change            |
|              |                 |                        | <input type="checkbox"/> Add               |
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DIVISION OF CORPORATION

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DIVISION OF CONSERVATION

16 NOV 23 PM 2:48  
DIVISION OF CONSERVATION


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(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)

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 November 18, 2016

  
ed representative of a member

Signature of a member or authorized representative of a member

ALEJANDRO VELEZ

Typed or printed name of signee