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Division of Corporations

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: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

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: (323)962-8600

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LORD M CAPITAL, LLC

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Help

1:2

COVER LETTER

	ision of Corp			
SUBJECT:	LORD M C	CAPITAL, LLC		
SUBJECT	•	Name of Limi	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	· .
Please return	all correspon	dence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N. Brand Blvd., 11t	h Floor	
			Address	
		Glendale, CA 91203		
			City/State and Zlp Code	· ·
		Lordm@ceez.co	to be used for future annual report notif	and (an)
For further in	nformation co	oncerning this matter, please ca	·	(Canon)
Cheyenne I	Moseley		800 773-0888 es	
·	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
□ \$25.00 F	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 ARTICLES OF ORGANIZATION **OF**

20/6 DEC -7 AM 10: 10

LORD M CAPITAL, LLC	•	- FLORIDA
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000195768	were filed on 10/24/2016	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and end with the words "Limited Liah	oility Company," the designation "LLC" or the abbrev	intion "L.L.C."
inter new principal offices address, if applicable:	1900 S. Treasure Dr., Apt. 6G	
Principal office address MUST BE A STREET ADDRESS)	North Bay Village, FL 33141	
nter new mailing address, if applicable:	1900 S. Treasure Dr., Apt. 6G	•
Mailing address MAY BE A POST OFFICE BOX)	North Bay Village, FL 33141	
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida street address	
	, Florida	() 7
	City Zi _l	Code 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

To: Page 5 of 6

2016-12-06 22:12:01 GMT

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			П Remove
		·	TALLAHASSEE, FLORIDA
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1900 S. Treasure Dr., Apl. 60	G, North Bay Village, FL 33141
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ctive date, if other than the date. Rective date must be specific, cannot be ate this document is filed by the Florida is	prior to date of receipt or filed date and cannot be more than 90 days after

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