# 117000035983

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W. HARRIE

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LARMAT BUSIN	IESS DEVELOI	PMENT LLC		
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Walk-In	_ Will Pick Up		C	ourier

#### **COVER LETTER**

10:	Division of Corp		
SUBJE	CT: LARMAT	BUSINESS DEVELOPMENT LLC	
		Name of Limited Liability Company	
		Amendment and fee(s) are submitted for filing.  ondence concerning this matter to the following:	
		RUBEN D. TORO	
		Name of Person	
		RUBEN TORO P.A.	
		Firm/Company	
		7901 KINGSPOINTE PKWY STE. 31	
		Address	
		ORLANDO FL 32819	
		City/State and Zip Code	
		rubentorocpa@hotmail.com	
		E-mail address: (to be used for future annual report notification)	
For furt	her information co	concerning this matter, please call:	
Ruben I	D. Toro	407 370-6445 at ()	
	Name of	of Person Area Code Daytime Telephone Number	
Enclose	ed is a check for th	he following amount:	
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certificate of Status	of Status & opy

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

## LARMAT BUSINESS DEVELOPMENT 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 02/14/2017 and assigned Florida document number L17000035983 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

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>	Address	Type of Action
AMBR	TRANTLDO CAMPOS JUNIOR	13795 GOLDEN RUSSET DRIVE	
		WINTER GARDEN FL 34787	□ Remove
AMBR	JOSE L. VOLPATO	5313 DOVE TREE ST	
		ORLANDO FL 32811	Remove
			□ Change
			☐ Add
			□ Remove
			□ Change
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			☐ Remove
			☐ Change

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specific and cannot be p does not meet the app	rior to date of filing or r plicable statutory fili	nore than 90 days after filming requirements, this dat	e will not be	listed as th
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Filing Fee: \$25.00