

L1700094984

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
Account Number : I20020000140
Phone : (561)844-3600
Fax Number : (561)842-4104

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: LINDA Mondull777@gmail.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LSB INVESTMENTS, LLC**

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

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K. SALY

JUN 27 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LSB 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:

GREGORY R. COHEN, ESQ.

Name of Person

COHEN NORRIS ET AL.

Firm/Company

712 U.S. HIGHWAY ONE, SUITE 400

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

linda.noudal777@gmail.com

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

For further information concerning this matter, please call:

Gregory C. Cohen

at (561)

844-3600

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**

LSB INVESTMENTS, LLC

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

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2017 JUN 26 AM 10:31
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on APRIL 28, 2017 and assigned
Florida document number L17000094984.

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:

8332 S.E. QUAIL RIDGE WAY

(Principal office address MUST BE A STREET ADDRESS)

HOBE SOUND, FL 33455

Enter new mailing address, if applicable:

8332 S.E. QUAIL RIDGE WAY

(Mailing address MAY BE A POST OFFICE BOX)

HOBE SOUND, FL 33455

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:

DENNIS MONDUL

New Registered Office Address:

8332 S.E. QUAIL RIDGE WAY

Enter Florida street address

HOBE SOUND

Florida 33455

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

Title	Name	Address	Type of Action
AMBR	HARVEST REALTY GROUP LLC	10223 HUNT CLUB LN	<input type="checkbox"/> Add
		PALM BEACH GDNS, FL 33418	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DOUG AVDELLAS, INC.	8895 MILITARY TRL #301C	<input type="checkbox"/> Add
		PALM BEACH GDNS, FL 33418	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DENNIS MONDUL	8332 SE QUAIL RIDGE WAY	<input checked="" type="checkbox"/> Add
		HOBE SOUND, FL 33455	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LINDA MONDUL	8332 SE QUAIL RIDGE WAY	<input checked="" type="checkbox"/> Add
		HOBE SOUND, FL 33455	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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.)

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TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (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 635.0207 (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.

(b) The 90th day after the record is filed.

Dated JUNE 26 2017

x D. The

Signature of a member or authorized representative of a member

DENNIS MONDUL, MEMBER.

Typed or printed name of signer