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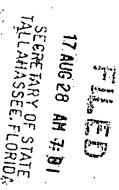
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| Special Instructions to Filing Officer: |
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Office Use Only



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. COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: LPM Reaty, L Name of Jimited | Liability Company | |
| The enclosed Articles of Amendment and fee(s) are submitted. | - | |
| Please return all correspondence concerning this matter to t | ne following: | |
| Temple i | + Drummond Name of Person | <u> </u> |
| Drummon | d Weble, LCF |) |
| 6987 E. | Fowler Ave. Address | |
| Tampa, Fl | _ 33617 City/State and Zip Code | |
| Temple Co E-hail address: (to b | lw-Firm.com e used for future annual report notification | n) |
| For further information concerning this matter, please call: | | |
| Temple H. Drummond Name of Person | at (<u>\$13</u>) <u>9\$3-80</u> Area Code Daytime Telep | phone Number |
| Enclosed is a check for the following amount: | | |
| \$25.00 Filing Fee \$25.00 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

| (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 |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: Lisa Pat Moxley, LLC 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 |
| 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 = A | uthorized Member | | |
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| <u>Title</u> | Name | Address | Type of Action |
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| Effective date, if other If an effective date is listed, the Note: If the date inserted document's effective date | e date must be specifing this block does | ic and cannot be not meet the a | applicable sta | of filing or mor atutory filing | e than 90 days a | ptional) after filing.) Pu this date wil | irsuant to I not be | 605.0207 listed as |
| | delayed effecti the record is fi | | ut not an e | effective tir | ne, at 12:0 | 1 a.m. on | the ea | irlier of |
| he record specifies a The 90th day after | | | | | | | | |
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Page 3 of 3

Filing Fee: \$25.00