| LIZOCO2 | 28569 |
|---|---------------------------|
| (Requestor's Name) (Address) (Address) | 700304675787 |
| (City/State/Zip/Phone #) | 10./24/1701008027 **25.00 |
| Certified Copies Certificates of Status Special Instructions to Filing Officer: | FILED |
| Office Use Only | |

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: <u>LSM INVESTMENTS LLC</u> 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:

| STUART Feiner |
|---|
| Name of Person |
| LSM INVESTMENTS LLC |
| Firm/Company |
| 7860 Peters Road, Suite F-101 |
| Address |
| PLANTATION, FL 33324 |
| City/State and Zip Code |
| STUART @ TRIMTAXES. COM |
| Characteristic and the second strength and the second |

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

For further information concerning this matter, please call:

STUART Feiner at (954) 382-4141 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 radditional 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 A | MENDMENT | |
|---|---|-----------------------|
| TO | | |
| ARTICLES OF O | | |
| ARTICLES OF OF | | |
| 01 | | |
| LSM INVESTMEN | TC LLC. | |
| (Name of the Limited Liability Company (A Florida Limited Lia | v as it now appears on our records.) | |
| TA Pionua Linneu La | aomey Company) | |
| The Articles of Organization for this Limited Liability Company w | vere filed on a | und assigned |
| Florida document number <u> </u> | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabili | ity company here: | |
| NIG | | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company." the designation "LLC" or the abbrevia | tion "L.C." |
| Enter new principal offices address, if applicable: | | 2 12 1 |
| | | rn |
| (Principal office address MUST BE A STREET ADDRESS) | | - <u>-</u> - <u>-</u> |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| <u>(Mailing address MAY BE A POST OFFICE BOX)</u> | | |
| | | |
| N 10 11 11 11 11 11 11 11 11 11 11 | | |
| B. If amending the registered agent and/or registered offir registered agent and/or the new registered office address here: | | name of the new |
| | | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| | City Zip | o 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, <u>enter the title, name, and address of each person being added</u>

| MGR = | Manager . | • |
|--------|-------------------|---|
| AMBR = | Authorized Member | |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|-------------------------|----------------|
| m <u>br</u> | LAWRENCE Feiner | 7860 Peters Road, F-101 | |
| | | PLANTATION, FL 33324 | Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | |
| | | | _ Remove |
| | | | 🗆 Change |
| | | | 🗆 Add |
| | | | _ Remove |
| | | | Chang e |
| <u> </u> | | | Add |
| | | | _ Remove |
| | | | _□ Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

| | | | |
|----------|--|----|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| <u> </u> | · · · | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | 12 A |
| | | | 1 1 |
| | | | 50 -11 |
| | | | |
| | | | |
| | | | |
| | | | rn. |
| | | | 7 |
| | | | |
| | | | |
| | | | |
| | ··· ·································· | | |
| | | | , ≈ |
| | | | |
| | | | |
| | | | |
| <u> </u> | | ,· | ····· |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

E. 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 605.0207 (3)(b) <u>Note:</u> 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.

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 10 11 7

Signature of a member or authorized representative of a member

STUART FEINER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00