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SECRETARY OF STATE OF STATE OF CORPORATIONS

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COVER LETTER

	egistration Se ivision of Cor			r		
CHD IECT	LM 1975, I	.LC J				
SUBJECT	•	Name of Lin	nited Liability Company			
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	n all correspo	ndence concerning this matter	to the following:			
		Chris Rodriguez				
			Name of Person	· 18-83-5-i		
		The Firm Law Group				
	····					
14100 Palmetto Frontage Road Suite 390						
			Address			
		Miami Lakes, FL 33016		ytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy		
		chris@firmlawgroup.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report notif	ication)		
For further	information co	oncerning this matter, please co	all:			
Chris Rodriguez		305 693-8899 at ()_				
	Name of	Person	Area Code Daytime	: Telephone Number		
Enclosed is	a check for th	e following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &		

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

LM 1975, 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 12/07/2017 _ and assigned Florida document number $\underline{L17000250775}$ 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 "LLC." 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

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
MGR	MAXILLER MARTINEZ	3894 SW STH STREET	□ Add
		CORAL GABLES, FL 33134	□ Remove
			☐ Change
			
			Remove
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Note	tive date, if other than the date of filing:	uant to 60 not be lis	15.0207 ted as i
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to e 90th day after the record is filed.	he earl	ier of
Date	$\frac{7/10/18}{}$		
	Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00