

L17000253985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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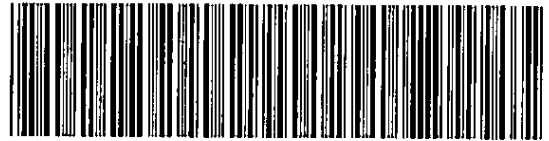
(Business Entity Name)

(Document Number)

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2019 OCT -4 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Y. SULKER

OCT 22 2019

[illegible]

**TO: Registration Section  
Division of Corporations**

SUBJECT: LCRL LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following.

MOHAMMAD IQBAL

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Name of Person

LCR1, LLC.

Firm-Company

2241 TRUMPETERS SWAN AVENUE

---

Address

BARTON FL. 33830

City State and Zip Code \_\_\_\_\_

dipu20000@gmail.com

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

For further information concerning this matter, please call:

MOHAMMAD IQBAL	813	494-8864
_____	at ( _____ )	_____
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**

LCRI, 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 01/01/2018 and assigned  
Florida document number L17000253885.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)**

2241 TRUMPPETERS SWAN AVENUE

BARTOW FL 33830

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2241 TRUMPPETERS SWAN AVENUE

BARTOW FL 33830

**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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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.*

If Changing Registered Agent, Signature of New Registered Agent

**FILED**  
2019 OCT -4 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MOHAMMD KABIR	2611 HIGHLADS CREEK WAY	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		LAKELAND FL 33813	<input type="checkbox"/> Change
MGR	JEWEL ISLAM	1211 EVERGREEN PARK CIR	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		LAKELAND FL 33813	<input type="checkbox"/> Change
MGR	MOHAMMED S ALAM	1252 EVERGREEN PARK CIR	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		LAKELAND FL 33813	<input type="checkbox"/> Change
MGR	MOHAMMED CHOWDHURY	740 WILMINGTON PASS	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		LAKELAND, FL 33813	<input type="checkbox"/> Change
MGR	MUHAMMAD S ULLAH	2241 TRUMPPETERS SWAN AVE	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		BARTOW FL 33830	<input type="checkbox"/> Change
MGR	MUHAMMAD S ULLAH	2937 VINTANGE VIEW CIR	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		LAKELAND FL 33812	<input type="checkbox"/> Change

TITLE	NAME	ADDRESS	TYPE OF ACTION
MGR	MD NASIR UDDIN	604 HICKORY LANE LAKELAND FL 33801	ADD
MGR	KAMAL M SHARKER	5857 MANCHESTER DR WEST LAKELAND FL 33810	ADD

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10/01/2019

**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.

Dated October 01 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee