

9/7/2021

Division of Corporations

H21000332192 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H21000332192 3)))



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To:

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

From:

Account Name : LEBRON ACCOUNTING SERVICES INC
Account Number : I20110000076
Phone : (813)877-8918
Fax Number : (813)514-2806

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

Email Address: lebronaccounting@yahoo.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LMG ENTERPRISE LLC**

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Electronic Filing Menu

Corporate Filing Menu

Help

H21000332192 3

COVER LETTER

H21000332192 3

**TO: Registration Section
Division of Corporations**

SUBJECT: LMG ENTERPRISE 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:

MILKA HASKINS CPA

Name of Person

HASKINS & HERRERA ACCOUNTANTS

Firm/Company

5116 N ARMENIA AVE

Address

TAMPA, FL 33603

City/State and Zip Code

LEBRONACCOUNTING@YAHOO.COM

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

For further information concerning this matter, please call:

MILKA HASKINS CPA

at 813 877-8918

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H21000332192 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H21000332192 3

LMG ENTERPRISE 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 12/21/2017 and assigned
Florida document number L17000260338.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

_____, **Florida**

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.

If Changing Registered Agent, Signature of New Registered Agent

H21000332192 3

H21000332192 3

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	EMERSON HERRERA	40 OAKWOOD ROAD	<input checked="" type="checkbox"/> Add
		WINTER HAVEN, FL 33880	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H21000332192 3

H21000332192 3

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

N/A

2021 SEP -3 PM 3:44

E. Effective date, if other than the date of filing: 9/7/2021 (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)

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.

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 September 7th 2021

September 7th

X  Signature of (member)

Signature of a member or authorized representative of a member

Emerson Herrera

Typed or printed name of signee

H21000332192 3

Filing Fee: \$25.00