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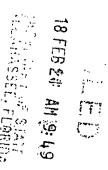
(Re	equestor's Name)	
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COVER LETTER

TC	P: Registration Se Division of Cor			
CII	LT&MB LI			
30	BJECI.		ited Liability Company	
Th	e enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Ple	ease return all correspo	ondence concerning this matter	to the following:	
		Carol Mashek		
			Name of Person	
		LT&MB LLC		
			Firm/Company	·····
		320 Seven Isles Dr		
			Address	
		Ft Lauderdale, FL 33301		
			City/State and Zip Code	····
		cmashek@vanguardtelco.co		
		E-mail address: (to be used for future annual report notifi	cation)
For	further information c	oncerning this matter, please ca	all:	
Ca	rol Mashek		904 910-0729 at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enc	closed is a check for th	ne 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

LT&MB LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000038961	were filed on 2/12/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	320 Seven Isles Dr.	
(Principal office address MUST BE A STREET ADDRESS)	Ft. Lauderdale, FL 33301	
Enter new mailing address, if applicable:	320 Seven Isles Dr.	
Mailing address MAY BE A POST OFFICE BOX)	Ft. Lauderdale, FL 33301	
B. If amending the registered agent and/or registered of		r the hame of the
registered agent and/or the new registered office address her	<u>e:</u> V	
Name of New Registered Agent:		X
New Registered Office Address:	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

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	Edward Mashek Jr.	417 NE Lido Way, St. Petersburg, FL 33704	
			🗆 Remove
			Change
<u>АМВ</u> ₹	Carol Mashek	320 Seven Isles Dr., Ft. Lauderdale FL 33301	
			□ Remove
			☐ Change
			Ada
			_ □ Remove
		The state of the s	Giange
			☐ Add
			□ Remove
			Change
			□ Add
			Remove
			□ Change
			🗀 Add
			🗆 Remove
			□ Change

f amending any other information, enter change(s) here: (Attach addi	itional sheets, if necessary.)
		
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or		
ote: If the date inserted in this block does not meet the applicable statutory file ocument's effective date on the Department of State's records.	ling requirements, this date v	vili not be listed 2
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a.m. o	n the earlier (
Feb. 16 2018		
Signature of a member or authorized representati	ive of a member	

Page 3 of 3

Filing Fee: \$25.00