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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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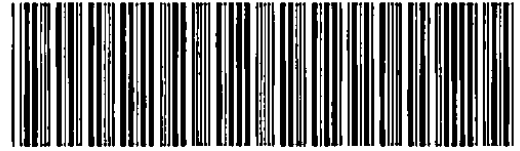
(Business Entity Name)

(Document Number)

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FILED
2019 SEP 16 P 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 11 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LSD Sub 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:

Carlos Alcaraz
Name of Person

TMI Real Estate Group, LLC
Firm/Company

135 San Lorenzo Ave, Suite 770
Address

Oral Gables, FL 33146
City/State and Zip Code

calcaraz@tmregllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Alcaraz at (305) 854-2552 x 263
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

FILED

LSO Sub LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 SEP 16 P 11

The Articles of Organization for this Limited Liability Company were filed on 3/20/2019 and as
Florida document number LI9000071887 TALLAHASSEE, FLOR

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

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
registered agent and/or the new registered office address here: N/A

Name of New Registered Agent:

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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
AMBR	Lincoln Square Office LLC	135 San Lorenzo Ave Suite 770 Coral Gables, FL 33146	<input checked="" type="checkbox"/> Ad <input type="checkbox"/> Rem <input type="checkbox"/> Ch
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)


This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20-22 lines visible. On the left side, there is a vertical margin line, creating a narrow left margin. The paper appears slightly aged or off-white.

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 60

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated September 10, 2019 

Signature of a member or authorized representative of a member

Matthew Pellor
Typed or printed name of signee