119000126712

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COVER LETTER

TO: Registration Section Division of Corporation	ra IS	, l) () () () () () () () () () (
SUBJECT: LP In	vestments and	Holdings LL	<u>C</u>	
	Name of Limited Liab	ility Compan y		
The enclosed Articles of Amendo	nent and fee(s) are submitted for	or filing.		
Please return all correspondence c	oncerning this matter to the fo	llowing:		
	Christophen	(71 bson)		-
	P Investme	uh and Ho	ldings 21C	-
29	317 East Da	!		200-A
	F.J. Landendo-le City/Si	ate and Zip Code	D62	-
	Canes 206 gm			
For further information concerning	·			
Chrisdopha Gi Name of Person	bson a	1 (<u>954</u>) <u>3776-</u> Area Code Dáytim	9468 ne Telephone Number	
		l		
Enclosed is a check for the follow	ing amount:			
	ertificate of Status C	5.00 Filing Fee & ertified Copy dditional copy is enclosed)	Certified	te of Status &
Mailing Address: Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231		Street Address: Registration Se Division of Cor The Centre of 1 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 8	10

Division of Corporations

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2021 75 15 7112: 19

October 15, 2021

LP CONSULTING GROUP LLC

2817 EAST OAKLAND PARK BLVD SUITE 200A FORT LAUDERDALE, FL 33306

10142101026008

Subject: LP CONSULTING GROUP LLC

RE: 521A00025181

We have received your document for the above Fictitious Name and your check(s) totaling \$50.00; however, the document **has not been filed** and is being returned for the following:

IT APPEARS YOU ARE TRYING TO FILE A AMENDMENT PLEASE SUBMIT CORRECT FORMS.

A fictitious name cannot contain the word "Limited Liability Company," or the abbreviation "LLC," "L.L.C.," or "Limited Co." unless at least one owner of the registration is a limited liability company, and filed with the Division of Corporations.

After the corrections have been made, return the application to: Division of Corporations, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Theresa R Wilson Reinstatement Section Division of Corporations

Letter No. 521A00025181

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	and Holdings LLC 3.
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L.19000/26712</u> .	were filed on $\frac{5}{9}$ / $\frac{19}{19}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility campany here:
The new name must be distinguishable and contain the words "Limited Liabi	
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	2817 East Dakkung Park Blod
(Principal office address MUST BE A STREET ADDRESS)	Suite! 200 A
	Et Landenske Fr 33306
Enter new mailing address, if applicable:	900 NE 205th Ten. #203 Migni Fl 33179
(Mailing address MAY BE A POST OFFICE BOX)	Miami Fl 33179
	·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
The state of the s	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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Parson(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

Title	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
		<u> </u>	□Remove
		<u> </u>	Change
•		<u>. </u>	□Remove
		-	□Change
		.	Add
		<u> </u>	□Change
		<u> </u>	
			□Remove
			Change
		<u>l</u>	□Add
			□Remove
			Change

	
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f an ei Note:	ive date, if other than the date of filing:
e reco d is f	rd 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 led.
Dated	11/3/2021
	Signature of a member or authorized representative of a member