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MALLAHASSEE, FLOO



SUBJECT:	LMK DODPED	ne: 2 11 c	
Sobject.	Name of Lim	nes 2, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LISA MK	EZNS Name of Person	
	LIMIL PROPER	Firm/Company	
	1974 CEDARN	eed PL	
	ELIE LO	Address 80516 City/State and Zip Code	
		to be used for future annual report notif	
For further information o	oncerning this matter, please ca	all:	
LISA M KEE		at (303) 807 -7 Area Code Daytime	323(Telephone Number
Enclosed is a check for the	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 enclo
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COURIER ADDRESS: Registration Section Division of Corporations	
	ox 6327 issee, FL 32314	Clifton Building 2661 Executive Cer	nter Circle

Tallahassee, FL 32301

Registration Section Division of Corporations

TO:

ARTICLES OF ORGANIZATION OF

LMH PROPERTIES 2, LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) bany)
The Articles of Organization for this Limited Liability Company were filed of	on 817/2019
Florida document number <u>L 19000 2011 79</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company."	"the designation "LLC" or the abbrevia
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	AL.
	P O
	\mathcal{F}_{i}
Enter new mailing address, if applicable:	0; C
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ss on our records, <u>enter the n</u>
Name of New Registered Agent:	
New Registered Office Address:	
Ente	er Florida street address
	, Florida
City	Zip (

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 a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this a being filed to merely reflect a change in the registered office address, I hereby confirm that the limited lice company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered

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>	Address	<u>Tyr</u>
AMBR	LISA M HERRS	1974 CEMPRIOTO PL	o
		EAE CO 80576	
AMBR	LISA M KERAS DESCENDA	MB 1974 CEDARWOOD PL	— Æ.'
	LISA M KÖZNS TE	LRIE, 60 80576	D F
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an effective date is listed.	the date must be specific and	gd cannot be prior to date	of filing or more than 90 d	
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record specifies	a delayed effective o	date, but not an e	ffective time, at 1	2:01 a.m. on the
	r the record is filed.			
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	An in	. <u>2019 </u>		
 	7/11/M 111	Merin)		
	Signature of a	member or authorized re	presentative of a member	
	1			
	LISH M h	C(2)S Typed or printed name		
		Typed or printed name	of signce	

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Filing Fee: \$25.00