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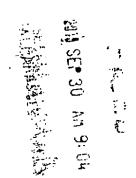
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## **COVER LETTER**

TO: Registration Section Division of Corporations	<b>₽</b> ?
SUBJECT: LMZ Management LLC	
Nume of Limited Liability Company	0
	SC 30 My O CF
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
AnnMarie Quites	
Name of Person	
Firm/Company	
2582 SW COOPER LN	
Address	
Port Saint Lucie, FL 34984	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
AnnMarie Dults  Area Code Daytime Telephone Number	<u></u>
Name of reismi Mea Code Daytine reteprime Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing	
Certificate of Status Certified Copy Certificate of Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ру

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

# LMZ Management LLC

AMT TO BE	TO	B. 10
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ARTICLES	OF ORGANIZATION OF	
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LMZ Man	agement LLC	cords.) 8   2019 and assigned.
	y Company as it now appears on our re- Limited Liability Company)	cords.)
·		المراد
The Articles of Organization for this Limited Liability Colorida document numberLI900022059	ompany were filed on	8 2019 and assigned
lorida document numberL1900022056	17	,
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ited Liability Company " the designation "	I.I.C" or the abbreviation "L.I.C."
·	ownpany. we congulation	
inter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDR</u>	ESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
nuturg utaress MAT DE A FOST OFFICE BOAT		·
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office addr</li> </ol>		ords, enter the name of the new
egistered ingent unear men registered office uddi	COS INCIV.	
N 6N 6N 1		
Name of New Registered Agent:		<del>.</del>
New Registered Office Address:		
	Enter Florida street aa	ldress
		, Flo <b>rida</b>
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBK	AnnMarie Quiles	2582SW Cooper Ln Post Sount Lucie FL 3	□ Add 54984.
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