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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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(Do	cument Number)	
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A. RAMSEY MAR 0 4 2022

COVER LETTER

Registration Section

Division of Corporations

TO:

LMR Direc	et LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	•				
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.			
	ondence concerning this matter				
Trease retain an oonespe	, , , , , , , , , , , , , , , , , , ,				
	Lystra Allen				
		Name of Person			
	LMR Direct LLC				
		Firm/Company	. 		
	7154 N University Drive #	162			
	•	Address			
	Tamrac,FL 33321				
	City/State and Zip Code				
RLEVERYTHINGINONE@GMAIL.COM					
	E-mail address: (to be used for future annual report not	ification)		
For further information e	oncerning this matter, please c	all:			
Lystra Allen		561 294-0278			
Name o	f Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he 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 Addres	ss:	Street Address:			
Registration S	Section	Registration Se			
Division of Corporations		Division of Co	•		
P.O. Box 632		The Centre of 7	Tallahassee be Street, Suite 810		
Tallahassee, l	FL 32314	Z413 IV, IVIQIII O	ic succi, suite ord		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 FEB 28 PM 12 26

LMR DIRECT LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

Elability Company)	Sir 5.55
y were filed on 01/19/2022	and assigned
bility company here:	
ility Company," the designation "ELC"	or the abbreviation "L.L.C."
address on our records, enter t	the name of the new registered
	<u> </u>
Enter Florida street uddress	
, Flo	orida Zip Code
	were filed on 01/19/2022 Dility company here: ility Company," the designation "ELC" address on our records, enter Enter Florida street address , Flo

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, 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	Richard Allen	7154 N University Drive #162	■Add
		Tamarac. FL 33321	□Remove
			□ Change
			□Add
			□Remove
			□Change
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Note	etive date, if other than the deffective date is listed, the date must in this bloment's effective date on the Defeater of the date inserted in this bloment's effective date on the Defeater of the date of the d	ck does not meet th	e applicable statutory	g or more than 90 day filing requirement	optional) s after filing.) Pursuant to s, this date will not be	o 605.0207 (e listed as t
If the record is	ord specifies a delayed effective filed.	date, but not an eff	ective time, at 12:01	a.m. on the earlier	of: (b) The 90th day	after the
Date	February 16	, 202	2			
Date						