## 422000222969

(Requestor's Name)	
(Address)	400395019174
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	09/26/2201013016 ++25.00
(Document Number)	
Certified Copies Certificates of Status	
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## **COVER LETTER**

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

	estments LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fec(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Liliana Consuegra		
	<u> </u>	Name of Person	
	LMI Investments LLC		
		Firm/Company	
	4991 Bonsai Cir Apt 105		
		Address	2
	Palm Beach Gardens, FL	33418	22 SEP 26 PH 1: 04
		City/State and Zip Code	26
	liliana.consuegra@gmail.co		
	E-mail address: (	to be used for future annual report noti	fication)
For further informatio	n concerning this matter, please c	all:	10
Liliana Consuegra		954 636-7523 at ( )	
Nam	e of Person		e Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add		<u>Street Address:</u> Registration Se	etion
Registratio Division of	Corporations	Division of Co	
P.O. Box 6		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LMI Investments LLC		
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 05/11/2022	and assigned
lorida document number L22000222969		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		22
		SEP
nter new mailing address, if applicable:		P 2
Mailing address MAY BE A POST OFFICE BOX)		<del></del>
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	-	<del></del>
3. If amending the registered agent and/or registered o	Mice address on our records, enter the	name of the new regist
gent and/or the new <u>registered office address here</u> :	ince audiess on our records, enter the	maine of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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effective date is listed, the date must b	e specific and cannot be			lays after filing.) P		
te: If the date inserted in this block ument's effective date on the Department.			filing requirem	ents, this date wi	Il not be li	isted a
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cord specifies a delayed effective of sfiled.	iate, but not an effecti	ve time, at 12:01	a.m. on the earti	eroi; (b) The s	Ann day ai	iter ini
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- Lie	gnature of a member or	authorized represen	ntative of a membe	r		