## 177000346328

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Copies Certificates of Status
Instructions to Filing Officer:

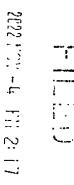
Office Use Only

A. RIVERS
JAN 2 5 2023



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## COVER LETTER

Registration Section **Division of Corporations** 

	Name of Limi	ted Liability Company	
closed Articles	of Amendment and fee(s) are subr	nitted for filing.	
return all corres	pondence concerning this matter t	to the following:	
	K. Matthew Rentz H. Esq.		
		Name of Person	
	Rentz Law Firm P.L.L.C		
		Firm/Company	
	P.O. Box 460		
	<del></del>	Address	
	LaBelle, FL 33975		
	···	City/State and Zip Code	
	MattRentz@RentzLawFirm.		
	E-mail address: (to	o be used for future annual report r	otification)
irther information	concerning this matter, please ca	.11:	
Rentz		863 674-1935	
Name	of Person	at ()	time Telephone Number
sed is a check for	the following amount:		
	\$2 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	S60.00 Filing Fee. Certificate of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tailahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LMA CASE LLC			
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on obility Company)	mr records.)	
icles of Organization for this Limited Liability Company w document number L22000346328	ere filed on August 5	5, 2022	and assigned
nendment is submitted to amend the following:			
mending name, <u>enter the new name of the limited liabili</u>	ty company here:		
name must be distinguishable and contain the words "Limited Liability	Company," the designa	tion "LLC" or the abb	reviation "L.L.C."
new principal offices address, if applicable:			
pal office address MUST BE A STREET ADDRESS)			
ew mailing address, if applicable:			
g address MAY BE A POST OFFICE BOX)			
		<del></del>	
nending the registered agent and/or registered office adond/or the new registered office address here:	dress on our record	ls, <u>enter the name</u>	of the new register
Name of New Registered Agent:			
New Registered Office Address:			2622
	Enter Florida str	eet address	20221:57
		Florida	,
	City		Zip Code
gistered Agent's Signature, if changing Registered Agent:			= 11
v accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe the obligations of my position as registered agent as pro	xformance of my d	luties, and Lam fö er 605, F.S. Or, i	miliar With and

If Changing Registered Agent, Signature of New Registered Agent

nding Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added loved from our records:

= Manager

R = Authorized Member

Name	Address	Type of Action
LAM HOLDINGS LLC	49 N Industrial Loop	
	LaBelle, FL 33935	= Remove
		□Change
L ACEVEDO HOLDINGS LLC	49 N Industrial Loop	■Add
	LaBelle, FL 33935	□Remove
	<del></del>	Change
LMAM HOLDINGS LLC	49 N Industrial Loop	<b>■</b> Add
	LaBelle, FL 33935	□Remove
		Change
		□Add
		□Remove
		□Change
		□Add
		□Remove
		□Add
		□Remove
		□Change

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ive date is listed, the the date inserted in		and cannot be price of meet the apple	icable statutory f		ptional)  After filing.) Pursuant to this date will not be	
pecifies a delayed	effective date, but	not an effective	time, at 12:01 a.	n. on the earlier of	(b) The 90th day a	fter the
October	25 25	<u>}0</u> 0	<del>)</del> .			
Laur	of	w				
	Signature o	f a member or aut	horized representa	ive of a member		

Filing Fee: \$25.00