

L22000 344 336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

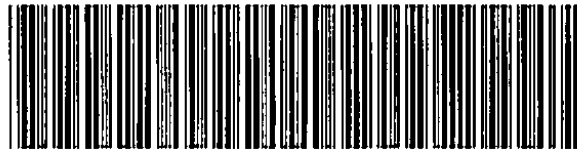
(Document Number)

opies _____ Certificates of Status _____

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COVER LETTER

Registration Section
Division of Corporations

LMA EAST CW LLC

CT: _____
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

K. Matthew Rentz II, Esq.

Name of Person

Rentz Law Firm P.L.L.C.

Firm/Company

P.O. Box 460

Address

LaBelle, FL 33975

City/State and Zip Code

MattRentz@RentzLawFirm.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

K. Matthew Rentz at (863) 674-1935

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$30.00 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 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
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LMA EAST CW LLC

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

Articles of Organization for this Limited Liability Company were filed on August 5, 2022 and assigned
a document number 122000346336.

Amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

Each name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Amending principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Amending new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

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2022 NOV - 11 PM 2:07
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
oved from our records:

= Manager
R = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
LAM HOLDINGS LLC	49 N Industrial Loop	<input type="checkbox"/> Add
	LaBelle, FL 33935	<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
L ACEVEDO HOLDINGS LLC	49 N Industrial Loop	<input checked="" type="checkbox"/> Add
	LaBelle, FL 33935	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
LMAM HOLDINGS LLC	49 N Industrial Loop	<input checked="" type="checkbox"/> Add
	LaBelle, FL 33935	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
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		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

Recommending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the document specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

Effective date: October 25, 2020

Lauro Acevedo

Signature of a member or authorized representative of a member

Lauro M. Acevedo

Typed or printed name of signer

Filing Fee: \$25.00