

| (Requestor's Name) | _ |
|---|---|
| | |
| (Address) | _ |
| (Address) | |
| | |
| (Address) | — |
| , , | |
| | |
| (City/State/Zip/Phone #) | — |
| | |
| | |
| | |
| | |
| (Business Entity Name) | - |
| (=, , , | |
| | |
| (Document Number) | |
| | |
| | |
| Certified Copies Certificates of Status | — |
| | |
| | ٦ |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |
| | ļ |
| | |
| | |
| | |
| | |
| | |

Office Use Only

TO: **Registration Section Division of Corporations**

•

.

LMS08 INVESTMENTS LLC

SUBJECT: _

.

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Goutam Shamlall

Name of Person

Firm/Company

4418 Brandon Ridge Dr.

Address

Valrico Florida 33594

| City/State and Zip Code | | | |
|--|-------------------|-----------------|----------------|
| johnshamlall@gmail.c | com | | : |
| E-mail address: (to be used for future annual report notification) | | | ! |
| For further information concerning this matter, ple | ease call: | | |
| Goutam Shamlall | 813 | 4366837 | |
| Name of Person | at (Area Code | Daytime Telepho | one Number 1 : |

Enclosed is a check for the 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)

r. .

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

DocuSign Envelope ID: 5A884476-DD88-4C91-AE2A-88CBD9F85684 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LMS08 INVESTMENTS LLC

`

۰.

.

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

The Articles of Organization for this Limited Liability Company were filed on $\frac{02/28/2023}{2}$ and assigned Florida document number L23000105079

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

| Enter new principal offices address, if applicable: | |
|---|---------|
| (Principal office address MUST BE A STREET ADDRESS) | |
| | r |
| | · · · · |
| | ; |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | <u></u> |
| | r''. (` |

B. If 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 a | ddress |
| | | , Florida |
| | 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 mv 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.

DocuSign Envelope ID: 5A884476-DD88-4C91-AE2A-88CBD9F85684 It amenuing Autoorized rerson(s) autoorized 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 |
|--------------|-----------------|------------------------|------------------|
| MGRM | David Mateus | 4418 Brandon Ridge Dr. | Add 🗐 |
| | | Valrico Florida 33594 | 🗆 Remove |
| | | · | Change |
| MGRM | R Nauth Shamlal | 4418 Brandon Ridge Dr. | 🖬 Add |
| | | Valrico Florida 33594 | 🗆 Remove |
| | | | Change |
| | | | |
| | | i | : : [] Remove |
| | | | |
| | | ייזי ד־: | □Add |
| | | | Remove |
| | | | □ Change |
| <u></u> | | | 🗆 Add |
| | | | 🗆 Remove |
| | | | □Change |
| | <u> </u> | | □Add |
| | | | 🗆 Remove |
| | | | □Change |

DocuSign Envelope ID: 5A884476-DD88-4C91-AE2A-88CBD9F85684

· · · · · · · · · · · ·

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

| | ······································ |
|---------------------------------------|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | · · · |
| | (r |
| · · · · · · · · · · · · · · · · · · · | |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

If the record 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 record is filed.

| Dated | March 20 | 2023 | |
|-------|-----------------|--|---------------------------|
| | DocuSigned by: | ·, | |
| | | ure of a member or authorized representative of a member | epresentative of a member |
| | Goutam Shamlall | | |
| | | Typed or printed name of signee | |