Elorida Department of States Division of Corporations Electronic Filing Cover Sheet

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	Account Name	: FLEURINORD LAW PLLC
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anı		ss for this business entity to be used for future ings. Enter only one email address please.**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LMDM 3480 LLC

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Help

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COVER LETTER

Division of Co			
	80 LLC		
SUBJECT:	Name of Li	mited Liability Company	
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: Kis R Fleurinard Name of Person Fleurinard Law PillC Firm/Company 20900 30th Avenue Suite 200 Address Avenum, Fl 33180 City/Suite and Zip Code makeonyers24@gmail.com E-mail address: (to be used for finure annual report nonification) or further information concerning this matter, please call: Agric Kegler Conyers Name of Person Name of Person Telephone Number inclosed is a check for the following amount: El \$25.00 Filing Fee Certificate of Status Certificate Copy (additional copy is exclosed) [860.00 Filing Fee, Certified Copy (additional copy is exclosed)			
Please return all correspo	ndence concerning this matte	r to the following:	
	Kia R Fleurinard	•	
		Name of Person	
Division of Corporations LIMDM 3480 LLC Name of Limited Liability Coirpony The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kis R Fleurinard Name of Person Fleurinard Law PLLC Firm/Company 20900 30th Avenue Suite 200 Address Avenura, FL 33180 City/State and Zip Code mkconyers24@gmail.com E-mail address: (to be used for fature annual report nonification) For further information concerning this matter, please call: Marie Kegler Conyers Name of Person Name of Person Take 223-0650 Doytime Telephone Number Enclosed is a check for the following amount: El \$25.00 Filing Fee Certificate of Status Certificat Copy Certificat Copy Certificat Copy Certified Copy Certified Copy Certified Copy			
	Name of Limited Liability Company and Articles of Amendment and fee(a) are submitted for filling. In all correspondence concerning this matter to the following: Kis R Fleurinard Name of Person Fleurinard Law PLLC Firm/Company 20900 30th Avenue Suite 200 Address Avenum, FL 33180 City/State and Zip Code mkconyers24@gmail.com F-mail address: (to be used for future annual report notification) information concerning this matter, please call: or Conyers Name of Person Area Code Daytime Telephone Number a check for the following amount: Filling Fee Certificate of Status Certified Copy (additional copy is cackeed) Lilling Address: Street Address: Street Address: Street Address: Street Address: Street Address: Registration Section		
	20900 30th Avenue Suite	200	
		Address	
	Avenura, FL 33180		
	 	City/State and Zip Code	
	Firm/Company 20900 30th Avenue Suite 200 Address Avenura, FL 33180 City/State and Zip Code mkconyers24@gmail.com E-mail address: (to be used for fature annual report notification) rther information concerning this matter, please call: Kegler Conyers 786 223-0650 at ()		
	E-mail address:	(to be used for future annual report not	ification)
For further information c	oncerning this matter, please o	ali:	
Marie Kegler Conyers			· .
Name o	f Person	Ares Code Daytin	e Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Division of Co P.O. Box 6327		Division of Con The Centre of T	
Tallahassee, F			BUBBBSSSS Suite 810
ranninssee, F	L 32314	Taliahassee, FL	

To:

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LMDM 3480 LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	iv as it pow suprests on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company v Florida document number L23000164096	were filed on April 3, 2023	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	e abbreviation "L.L.C."	
		<i>™</i>	
Enter new principal offices address, if applicable:		<i>U</i> ,	
(Principal office address MUST BE A STREET ADDRESS)		.=1	
7771104			
		<u> </u>	
		,	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	iress on our records, <u>enter the n</u>	ame of the new register	
Name of New Registered Agent:			
New Registered Office Address:	Enser Florida street address		
	, Florida	Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as providing filed to merely reflect a change in the registered office additional of the change.	oided for in Chapter 605. F.S. O	r, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

H230004303363

If smending 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

Title	Name	Address	Type of Action
AMBR	LMDM Enterprises, LLC	7901 4th Street N STE 300	
		St. Peteresbug, FL 33702	■Remove
			. OChange
AMBR	Marie Kegler Conyers	7901 4th Street N STE 300	E Add
		St. Peteresbug, FL 33702	□Remove
			Cl Change
AMBR	Leroy Conyers	7901 4th Street N STE 300	S Add
		SL Peteresbug, FL 33702	ORemove
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ective date, if other than the effective date is listed, the date cou	st be specific and came	ot be prior to dat	of filing or more	than 90 days ach	r filing.) Pursuant to	605.020
te: If the date inserted in this b	lock does not meet t	the applicable s	tautory filing r	equirements, th	is date will not be	listed a
nument's effective date on the D	epartment of State	s records.				
record specifies a delaye	d effective date,	, but not an	effective tim	e, at 12:01	a.m. on the ea	rlier o
he 90th day after the rec	ord is filed.					
December 15	20	23				
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ma	Signature of a memb	egler	cong	us		

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