L23000206604

Alm
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Essences Linkly Name)
(Document Number)
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Special Instructions to Filing Officer.





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12/19/23--01012--021 **25.00

2023 DEC 19 PM 4:15

COVER LETTER

TO:

Registration Section

Division of Co	rporations			
	L & M ASSOCI	IATES GROUP LLC		
Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	I.AURA	ALFONSO DEL REY		
		Name of Person		
	L & M	ASSOCIATES GROUP LLC		
		Firm/Company		
		12533 NW 11TH WAY		
		Address		
		MIAMI, FL 33182		
		City/State and Zip Code		
		Thispanicfactor.org to be used for future annual report no	stification)	
For further information	concerning this matter, please c		anearon,	
LAURA ALFONSO DI	EL REY	786 869 1259		
Name	of Person	at () Area Code Dayti	me Telephone Number	
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)	
Mailing Address Registration Division of 0 P.O. Box 63	Section Corporations	Street Address: Registration S Division of Co The Centre of	orporations	
Tallahassee.			roe Street. Suite 810	

Tallahassee, FL 32303

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

L & M ASSOCIATES GROUP L	LLC	
(<u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	tow appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were file for ida document number $\frac{1.23000206604}{1.000000000000000000000000000000000000$	led on and ass	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	npany here:	
The new name must be distinguishable and contain the words "Limited Liability Comp	sany," the designation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET ADDRESS)	2023	
		,
nter new mailing address, if applicable:	<u>• 25 9 </u>	
Mailing address MAY BE A POST OFFICE BOX)		
	' H 5	
3. If amending the registered agent and/or registered office address gent and/or the new registered office address here:	on our records, <u>enter the name of the nev</u>	<u>c regist</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
City	Zip Code	
ew 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

Title	<u>Name</u>	Address	Type of Action
MGR	MAILY LOPEZ DIAZ	12533 NW 11TH WAY	□Add
		MIAMI, FL 33182	■Remove
			□Change
	<u></u>		□Add
			□Remove
			□Change
			CiAdd
		 	□Remove
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			□Add
			□Remove
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N/A				
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Continue data	if other than the date of G	11/27/2	023	ntianal)
n effective date <u>te:</u> If the dat	if other than the date of fi is listed, the date must be specifie to inserted in this block does n	and cannot be prior to date of meet the applicable sta	of filing or more than 90 days a	
aument's ent	ective date on the Department	a State's records.		
ecord specific is filed.	es a delayed effective date, but	not an effective time, at	12:01 a.m. on the earlier,of	(b) The 90th day after the
ted	December 1	2023		
		hall.		
	Signature o	a member or authorized re	epresentative of a member	
		LAURA ALFONSO DI	ELREY	
-		Typed or printed name	e of signee	

Filing Fee: \$25.00