

L23000300995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

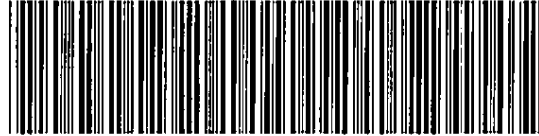
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TALLAHASSEE, FLORIDA

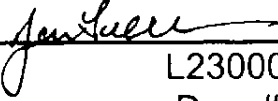
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2023 AUG 11 PM 4:42

TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: 120210000160 **25.00**

Authorization Signature:   
Michael Martin Lammel LLC L23000300995  
Business Name Doc. #

   Certified Copy of ARTICLES

   Certificate of Status

**NEW FILINGS**

   Profit Corp  
   Not for Profit  
   Officer/Director  
   Limited Liability  
   Domestication  
   Other  
   **CORP**  
   **LLLP**

**AMENDMENTS**

  X   Amendment  
   Resignation of R.A.  
  
   Change of Registered Agent  
   Revocation of Dissolution  
   Merger  
  X   Conversion  
   Amended and restated Articles  
   **Statement of Authority**

**OTHER FILINGS**

   Annual Report  
  
   Fictitious Name  
  
   APOSTILLE

**REGISTRATION/QUALIFICATIONS**

   Foreign filing  
   Limited Partnership  
   Reinstatement

   Other  
Country

EXAMINER'S INITIALS:

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Michael Martin Lamme LLC  
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:

Michael Martin Lamme  
Name of Person

\_\_\_\_\_  
Firm/Company

3581 NE Melba Drive  
Address

Jensen Beach, FL 34957  
City/State and Zip Code

Milkelamme@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Martin Lamme at (772) 872.1807  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Michael Martin Lammie LLC

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/22/2023

Florida document number L23000300995

This amendment is submitted to amend the following:

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

Michael Martin Lammie LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 address

City

Florida

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 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 committee

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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2023 AUG 11 AM 9:38  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF FLORIDA  
TALLAHASSEE, FLORIDA

(7) ~~the following items are located in the same building as the above items and are also being sold by the same person:~~

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

*[Handwritten signatures]*

Michael Martin Lommel

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