

L 23 000 371123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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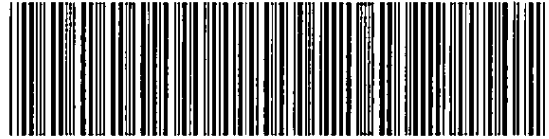
(Business Entity Name)

(Document Number)

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02/05/24--01011--007 **25.00

2024 FEB -5 PM 5:42

2/19/2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LMD INVESTMENT GROUP, 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:

DANIEL GARCIA RODRIGUEZ

Name of Person

LMD INVESTMENT GROUP, LLC

Firm/Company

2100 SW 127TH AVE

Address

MIAMI, FL 33175

City/State and Zip Code

danielgarcia1706@yahoo.com

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

For further information concerning this matter, please call:

DANIEL GARCIA RODRIGUEZ

786 366-5852
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

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

2024 FEB -5 PM 5:42

LMD INVESTMENT GROUP, LLC

(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 08/07/2023 and assigned
Florida document number 123000371123.

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)

1225 NW 92ND AVE

Pembroke Pines, FL 33024

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1225 NW 92ND AVE

Pembroke Pines, FL 33024

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

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DANIEL GARCIA RODRIGUEZ		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2100 SW 127TH AVE, MIAMI FL 33175	<input checked="" type="checkbox"/> Change Address
MGR	MARCOS M DELGADO GOMEZ		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1225 NW 92ND AVE, PEMBROKE PINES FL 33024	<input checked="" type="checkbox"/> Change Address
MGR	LEONARDO PENA LOPEZ		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1304 NE 9TH PLACE, CAPE CORAL FL 33909	<input checked="" type="checkbox"/> Change Address
			<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

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

PLEASE CHANGE THE ADDRESS FOR MGR DANIEL GARCIA RODRIGUEZ TO

2100 SW 127TH AVE, MIAMI FL 33175

PLEASE CHANGE THE ADDRESS FOR MARCOS M DELGADO GOMEZ TO

1225 NW 92ND AVE, PEMBROKE PINES FL 33024

PLEASE CHANGE THE ADDRESS FOR

1304 NE 9TH PLACE, CAPE CORAL FL 33909

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

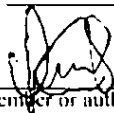
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 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 JANUARY, 16TH

2024



Signature of a member or authorized representative of a member

DANIEL GARCIA RODRIGUEZ

Typed or printed name of signee