123000419097

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:		Section Corporations	4,	4			
SUBJEC	LPE LL	С					
SODJEC		Name of Limited Liability Company					
The encl	osed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please re	turn all corre	spondence concerning this matter	to the following:				
		LIBNEY PEROZO					
			Name of Person	aytime Telephone Number \$60.00 Filing Fee. Certificate of Status & Certified Copy fadditional copy is enclosed)			
		n∕a					
			Firm/Company				
		Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: LIBNEY PEROZO Name of Person n/a Firm/Company 6155 NW 105TH CT APTO 1110 Address DORAL, FL 33178 City/State and Zip Code invpersonalre@gmail.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: Name of Person Area Code Daytime Telephone Number eck for the following amount: g Fee \$\text{S30.00 Filing Fee & \$\text{S55.00 Filing Fee & \$\text{S60.00 Filing Fee & }\text{Certificate of Status Certified Copy Certificate}}					
			Address				
		DORAL, FL 33178					
		invnersonalrc@gmail.com	City/State and Zip Code				
		-	to be used for future annual report not	ification)			
For furth	er informatio	n concerning this matter, please c	all:				
ronmel c							
	Nam	e of Person	Area Code Daytin	ne Telephone Number			
Enclosed	is a check fo	r the following amount:					
■ \$25.0	00 Fiting Fee			Certificate of Status & Certified Copy			
	<u>Mailing Add</u> Registratio		<u>Street Address:</u> Registration Se	ection			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

2023 SE? 26 PH 5: 39

LPE LLC		20 111 0 05
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on	and assigned
lorida document number L23000419097		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the lim	ited liability company here:	
LPEM LLC		
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Stating waters SIAT BE ATOST OFFICE BOX		
		= . **
D. If an adjust the society and another majoraneous	A . fG. a. address. an area masseds onto	ha nama af tha nam mariet
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, giver t	ne name of the new regist
the second secon		
Name of New Registered Agent:		
Name of the wegistered Agent.		
New Registered Office Address:		
	Emer Florida street address	
	Flo	
	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>	Address	Type of Action
			□ Add
			□Remove
			□Add
			□ Remove
			□Change
			□Abd
			□Remove
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(If an effec <u>Note:</u> T	e date, if other than the date of filing:
f the record record is file	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 d.
Dated _	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	LIBNEY PEROZO
	Typed or printed name of signee

Filing Fee: \$25.00