L24 000 174 415

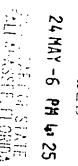
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer.	





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COVER LETTER

TO: Registration S Division of Co		•	
LME Tam			
		ited Liability Company	
	Amendment and fee(s) are sub		
•	Maurice C. Crum Jr.	g.	
		Name of Person	
	LME Tampa LLC		
		Firm/Company	
	13018 terrace brook plcae		
		Address	
	Temple Terrace / FL 3363	7	
	Tampa@lobstermadeeasy.c	City/State and Zip Code om	
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all:	
Maurice C. Crum Jr.		813 494-0401 at ()_	
Name	of Person	Area Code Daytime	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 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

our records.)
4th, 2024 and assigned
nation "LLC" or the abbreviation "L.L.C."
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5) 5.7 5) 6.7 6) 6.7 7) 6.7 8) 6.7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
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rds, enter the name of the new regist
<u></u>
street address
Florida
1

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.

City

Zip Code

If ame ading 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
AMBR	Maurice C. Crum Jr.	4980 Waterside Pointe Circle, Orlando FL, 32829	= Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			Change
			□Add
			□Remove
			Change

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	days after filing.) Pursuant to 605.020
cument's effective date on the Department of State's records.	nems, this date will not be listed a
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
is filed.	
. April 26th 2024	
ted April 26th , 2024	
Han (). ().	
Signature of a member or authorized representative of a mem	per
Maurice C. Crum Jr.	