

L24000365143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

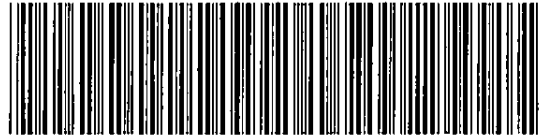
(Business Entity Name)

(Document Number)

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12/17/24--01011--009 \*\*25.00

FILED  
2024 DEC 17 AM 9:40  
CLERK OF COURT  
JUDICIAL DISTRICT OF CLATSOP

Amend

FEB 01 2025

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LMSB2, 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:

Scott Maurer

\_\_\_\_\_  
Name of Person

Scott R Maurer, PA

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

4790 140th Ave N.

\_\_\_\_\_  
Address

Clearwater, FL 33762

\_\_\_\_\_  
City/State and Zip Code

ideliz@delizcapital.com

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

For further information concerning this matter, please call:

Scott Maurer

727 581-9853, ext. 1123  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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

2024 DEC 17 AM 9:40

**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	Victor Feliz	29984 Picana Lane	<input type="checkbox"/> Add
		Wesley Chapel, FL 33543	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ian Deliz	4694 Tramanto Lane	<input checked="" type="checkbox"/> Add
		Wesley Chapel, FL 33543	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

**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 12-10-24.

Signature of a member or authorized representative of a member

Ian Deliz

Typed or printed name of signer

**Filing Fee: \$25.00**