

PI3000008039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2016 AUG -5 PM 3:00

AUG 12 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2016

OMAR C. HAZIEN / LCM & COMPANY INC.
21218 ST. ANDREWS BLVD #256
BOCA RATON, FL 33433 US

SUBJECT: LCM & COMPANY INC.
Ref. Number: P13000008039

*ArchStone
Management
Group.*

We have received your document for LCM & COMPANY INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is L14000117421.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 216A00017080

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LCM & Company, Inc.
DOCUMENT NUMBER: P13000008039

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Omar C. Hazien

Name of Contact Person

LCM & Company, Inc.

Firm/ Company

21218 St. Andrews Blvd. #256

Address

Boca Raton, FL 33433

City/ State and Zip Code

ohazien@aol.com

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

For further information concerning this matter, please call:

Omar C. Hazien at (561) 465-6691

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|---|---|

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

LCM & Company, Inc.

2016 AUG - 5 PM 3:00

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000008039

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

ARCHSTONE MANAGEMENT GROUP, INC.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

21218 St. Andrews Blvd. #256

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Boca Raton, FL 33433

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

21218 St. Andrews Blvd. #256

Boca Raton, FL 33433

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change	<u>P</u>	<u>Omar C. Hazien</u>	<u>21218 St. Andrews Blvd. #256</u>
<u> </u> Add			<u>Boca Raton, FL 33433</u>
<u> </u> Remove			
2) <u>X</u> Change	<u>V</u>	<u>Rence Messina-Hazien</u>	<u>21218 St. Andrews Blvd. #256</u>
<u> </u> Add			<u>Boca Raton, FL 33433</u>
<u> </u> Remove			
3) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
4) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

[illegible][illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

August 1, 2016

Effective date if applicable: _____

(no more than 90 days after amendment file date)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

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.

2016 AUG -5 PM 3:00

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 7/29/2016

Signature Omar C. Hazien
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Omar C. Hazien
(Typed or printed name of person signing)

Vice President
(Title of person signing)