P21000065909

(Requ	uestor's Name)	
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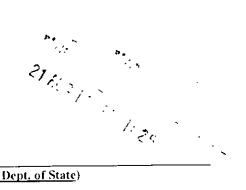
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: LM REIT, CORP.			
DOCUMENT NUME	BER: P21000065909			
	of Amendment and fee are su	bmitted for filing.		
Piease return all corres	spondence concerning this ma	tter to the following:		
	LAURA POBLETE			
		Name of Contact Person		
		Firm/ Company		
	4301 KNOLLPOINT DR.			
		Address		
	WESLEY CHAPEL, 33544 I	FL.		
		City/ State and Zip Code	:	
	admin@lmwarmy.biz			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, plea	se call:		
LAURA POBLETE		813 at (431-6432	
Name of Contact Person		at (813) 431-6432 Area Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The C	Address Iment Section In of Corporations entre of Tallahassee N. Monroe Street. Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



LM REIT, CORP.

(Name o	of Corporation as current	ly filed with the Florida Der	ot. of State)
P21000065909			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	ndopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
LM WARMY, CORP.			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain the designation "Contained association."	"orp," "Inc," or "Co".	1 professional corporation	" or the abbreviation "Corp" name must contain the word
B. Enter new principal office address,	if annlicable:	N/A	<u></u>
(Principal office address MUST BE A S			· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	
D. If amending the registered agent an	id/or <u>registered office ado</u>	ress in Florida, enter the na	ime of the
new registered agent and/or the new	w registered office addres	<u>s:</u>	
Name of New Registered Agent	N/A		
Name of New Registered gem	 -		
	- thanish et	reet uddress)	
		er tauressi	N/A
New Registered Office Address:	N/A	(City)	Florida
		(CIIŅ)	(z,p) (i.e.,
N B C C C C C C C C C C C C C C C C C C	hamming Dagietamed Agen		
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. – Lam familiar	<u>u.</u> with and accept the obligatio	ms of the position.
-	Signature of New 1	Registered Agent, if changing	
Check if applicable			
Circes ii appiicame			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove		N/A	
2) Change Add			
Remove 3) Change		N/A	
Add			
Remove 4) Change		N/A	
Add			,
Remove		N//	
5) Change			_
Add			
Remove		N/A	
6) Change		<u> </u>	
Add			
Remove			

E. If amending or adding additional (Attach additional sheets, if nec	<u> mai Arucies, ent</u> essary). — (Be sp	er change(s) ner ecific)	<u>.</u> .		
N/A					
					
		<u>-</u>			
					-
		<u> </u>			
					
			<u> </u>		
				-	
 If an amendment provides for provisions for implementing 	r an exchange, r	eclassification, or	in the amendme	nt itself	
(if not applicable, indicat	e NZA)	i <u>i not contanico</u>	III tik antitudiae	iii iio	
N/A	,				
N/A					
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	08/12/2021
The date of each amendm	
date this document was sign	
Effective date if applicable	08/12/2021
Effective date it approximate	tno more than 90 days after amendment file date)
Note: If the date inserted document's effective date of	in this block does not meet the applicable statutory filing requirements, this date will not be listed as the n the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
■ The amendment(s) was/action was not required.	were adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/ by the shareholders was	were adopted by the shareholders. The number of votes cast for the amendment(s) /were sufficient for approval.
☐ The amendment(s) was/ must be separately prov	were approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):
"The number of vo	otes cast for the amendment(s) was/were sufficient for approval
by	
,	(voting group)
4.0	
U8 Dated	/12/2021
	Leb H
Signature	(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)
	LAURA POBLETE
	(Typed or printed name of person signing)
	VP
	(Title of person signing)