

LD3000000393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

DB

Office Use Only



800108462958

09/04/07--01051--022 **25.00

FILED
07 SEP -4 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKWOOD CENTER, 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:

THOMAS CASSETTE
(Name of Person)

LAKWOOD
(Firm/Company)

(Address)
12150 BLACKFOOT CT.
JACKSONVILLE FL 32223
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 SEP -4 PM 1:52

FILED

For further information concerning this matter, please call:

(Name of Person) _____ at (_____) 904-402-5683
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LAKEWOOD CENTER, LLC.

(Present Name)

(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on JAN. 3, 2003 and assigned document number LO3000000393.

SECOND: This amendment is submitted to amend the following:

NAME CHANGE TO: LAKEWOOD IMPORTING CO., LLC.

07 SEP -4 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated AUG. 28, 2007.



Signature of a member or authorized representative of a member

THOMAS A. CASSETTE

Typed or printed name of signee

Filing Fee: \$25.00