

W08000000224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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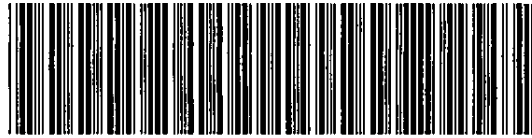
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

M. THOMAS  
SEP 29 2008  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LAKAT JEWELRY, 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:

Leslie LaCombe  
(Name of Person)

LakAt, LLC  
(Firm/Company)

733 NE 118th St. Unit R  
(Address)

Biscayne Park, FL 33161  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Leslie LaCombe at (786) 473-1239  
(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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LAKAT JEWELRY LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on DEC 31 / 2007 and assigned  
Florida document number LO8000000224.

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This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LAKAT LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

733 NE 118<sup>th</sup> St. UNIT R  
Biscayne Park, FL  
33161

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

733 NE 118<sup>th</sup> St. UNIT R  
Biscayne Park, FL  
33161

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

45 NW 8<sup>th</sup> St. UNIT 101

(Enter Florida street address)

Homestead  
(City)

Florida 33030  
(Zip Code)

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 608, 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.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
m6em	Dean Katzin	100 Jefferson Ave #10016 Miami Beach, FL 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
m6RM	Dean Katzin	45 NW 8th St. #101 Homesstead, FL 33030	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
m6em	Leslie LaCombe	100 Jefferson Ave #10016 Miami Beach, FL 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
m6em	Leslie LaCombe	733 NE 118th St, Unit R Biscayne Park, FL 33161	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated Sept. 23, 2008.

Leslie LaCombe  
Signature of a member or authorized representative of a member

Leslie LaCombe  
Typed or printed name of signee