

L08000096183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

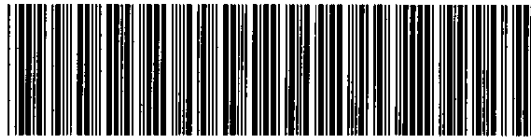
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 17 PM 2:22

T. HAMPTON

MAR 18 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L & F Sales, 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:

Lara Jill
(Name of Person)
L & F Sales, LLC
(Firm/Company) CORRECT ADDRESS
PO Box 810366
(Address) 740 NE LAKEVIEW TERR
BOCA RATON, FL 33431
Boca Raton FL 33481
(City/State and Zip Code)

For further information concerning this matter, please call:

Lara Jill at (561) 542-2222
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 MAR 17 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 5, 2009

LARA JILL ***** 3RD MAILING *****
L & F SALES LLC
740 NE LAKEVIEW TERR
BOCA RATON, FL 33431

SUBJECT: L & F SALES, LLC
Ref. Number: L08000096183

We have received your document for L & F SALES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 908A00061482



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 MAR -5 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 22, 2009

LARA JILL ***** 2ND MAILING *****
L & F SALES LLC
P OBOX 810366
BOCA RATON, FL 33481

SUBJECT: L & F SALES, LLC
Ref. Number: L08000096183

We have received your document for L & F SALES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 908A00061482



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JAN 21 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 23, 2008

LARA JILL
P O BOX 810366
BOCA RATON, FL 33481

SUBJECT: L & F SALES, LLC
Ref. Number: L08000096183

We have received your document for L & F SALES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 908A00061482

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DIVISION OF CORPORATIONS
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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

L & F Sales

(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 10/10/08 and assigned
Florida document number L08000096183

This amendment is submitted to amend the following:

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

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)

740 NE LAKEVIEW TERR
Boca Raton FL
33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

740 NE LAKEVIEW TERR
Boca Raton FL
33431

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:

Lara Jill

New Registered Office Address:

740 NE LAKEVIEW TERR

(Enter Florida street address)

Boca Raton

Florida

33431

(City)

(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.

Lara Jill

(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

Title	Name	Address	Type of Action
MGRM MS.	Lara Jill	740 NE Lakewood Terr Boca Raton FL 33431	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM MR.	Fred SACKO	4004 Orlando Dr Sanford, FL 32773	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated March 16, 2009

Lara Jill
Signature of a member or authorized representative of a member

Lara Jill
Typed or printed name of signee

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DIVISION OF CORPORATIONS
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