

L09000037802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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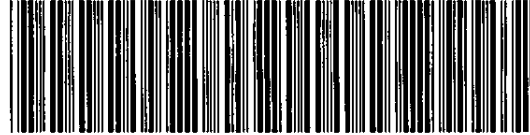
(Business Entity Name)

(Document Number)

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2015 JUN -8 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. G. G. 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lavizi LLC dba Yvette and Ray

\_\_\_\_\_  
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:

Yvette Kassin

\_\_\_\_\_  
Name of Person

Yvette & Ray

\_\_\_\_\_  
Firm/Company

19355 Turnberry Way 11-B

\_\_\_\_\_  
Address

Aventura Fl 33180

\_\_\_\_\_  
City/State and Zip Code

info@yvetteandray.com

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

For further information concerning this matter, please call:

Yvette Kassin

305 7902060

at ( )

\_\_\_\_\_  
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

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LAVIZI 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 April 20, 2009 and assigned Florida document number L0900037802.

**This amendment is submitted to amend the following:**

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

n/a

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

**Enter new principal offices address, if applicable:**

19355 Turnberry Way

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

**Suite 11-B**

**Aventura Fl. 33180**

**Enter new mailing address, if applicable:**

19355 Turnberry Way

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

**Suite 11-B**

## Aventura Fl 33180

**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:**

Enter Florida street address

City

## Florida

*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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VMGR	Rachel Nasser	7495 W 2nd Ct	<input type="checkbox"/> Add
		Hialeah Fl	<input checked="" type="checkbox"/> Remove
		33014	<input type="checkbox"/> Change
S	Rachel Nasser	7495 W 2nd Ct	<input type="checkbox"/> Add
		Hialeah Fl	<input checked="" type="checkbox"/> Remove
		33014	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This is to inform The State of Florida, Division of Corporations that Lavizi LLC

is now a SINGLE member LLC and no longer a Partnership, commencing January 1, 2015.

Yvette Kassin is the sole owner of the company.

FILED  
2015 JUN -8 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing: 6/3/2015 (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 3, 2015.

Yvette K.

Signature of a member or authorized representative of a member

Yvette Kassin MGR

Typed or printed name of signee