

LD9000048437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

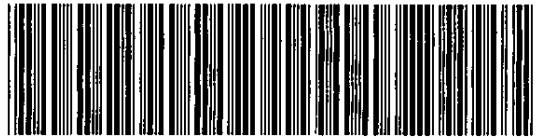
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

789/707/304/621
you completed the
Amendment form
for a corp.

Office Use Only



600160235866

LD9-48437

09/14/09--01004--023 **35.00

Amend LLC
~~Wrong Form~~

FILED
09 SEP 29 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

SEP 29 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LYAF87 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:

David Wilson
Name of Person

Firm/Company
3857 Turtle Run Blvd Apt 2116
Address

Coral Springs, FL 33067
City/State and Zip Code

diningwilson@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Wilson at (954) 588-2250
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

September 16, 2009

DAVID WILSON
3857 TURTLE RUN BLVD., APT. 2116
CORAL SPRINGS, FL 33067

SUBJECT: LYAF87 LLC
Ref. Number: L09000048437

We have received your document for LYAF87 LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

You completed the form to amend a Florida corporation, not an LLC.

Please return 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) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 109A00030513

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LYAF87 LLC

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

FILED
09 SEP 29 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L09000048437

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

Felipe Bayma

New Registered Office Address: _____

950 N. Fed Hwy Ste 103

Enter Florida street address

Pompano Beach

Florida

33062

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.

Felipe Bayma
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>
MGR	Felipe Bayma	950 N. Fed Hwy Ste 103 Pompano Beach, FL 33062	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	David I. Wilson	3857 Turtle Run Blvd Apt 2116 Coral Springs, FL 33067	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Yvette D. Wilson	3857 Turtle Run Blvd Apt 2116 Coral Springs, FL 33067	<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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 29 PM 2:29

FILED

Dated 9-25-09, _____

Felipe Bayma
Signature of a member or authorized representative of a member

Felipe Bayma
Typed or printed name of signee