## 10900089984

(Reque	estor's Name)	
(Addre	SS)	
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(City/S	tate/Zip/Phon	e #)
PICK-UP		MAIL
(Busin	ess Entity Nai	me)
: (Docur	nent Number)	)
ertified Copies	. · Certificate	s of Status
Special Instructions to Fili	ng Officer:	
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OCT 1 9 2009

EXAMINEP



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2009

KRISTIN DUBUQUE 3947 BLVD CENTER DRIVE, STE 101 JACKSONVILLE, FL 32207

SUBJECT: LAHEM - N LEAVEM, LLC Ref. Number: L09000089984

We have received your document for LAHEM - N LEAVEM, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 309A00032093

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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TO: Registration Division of C		r. a	. /	
SUBJECT:	Lahem	-n-leavem, LLC		
		nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	spondence concerning this matte	er to the following:		
		Kristin Dubuque *	•	-
		Name of Person		
		Affinity Law Firm		_
		Firm/Company		
	3947	Blvd Center Drive, St	e 101	
		Address		
		acksonville, FL 3220	7	
	·	City/State and Zip Code		Ass 16
	k	Idubuque@gmail.con (to be used for future annual rej	1	FILED
			port notification)	त्र क
For further information	n concerning this matter, please	call:		03 03
	Gust Sarris ゥア	at ( 904 )	398-9510	54°
Namo	e of Person Kristin		ż Daytime Telephone Numbe	2r
Enclosed is a check for	r the following amount:			
\$25.00 Filing Fee	<b>√</b> \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is c	enclosed) Certifie	ate of Status &
Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	Registratio Division o Clifton Bu 2661 Exec	f Corporations	

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• ARTICLES OF AMENDMENT	
ТО	
ARTICLES OF ORGANIZATION	
OF	
Lahem - Leavem, LLC	
( <u>Name of the Limited Liability Company as it now appears on our records.</u> ) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on9-17-09 and assigned	
Florida document number L0900089984	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Lashem-n-Leavem, LLC	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrevia "L.L.C."	ation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
AEL STORY	
Enter new mailing address, if applicable:	'n
(Mailing address MAY BE A POST OFFICE BOX)	i
	П
	- <b>me</b> ,
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	
, 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 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

¢f amending the Managers or Managing Members on our records, <u>enter the tive, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** Name Address **Type of Action** 🗖 Add Remove 🗖 Add 🔲 Remove 🗖 Add Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2005 OC1 Ø name. 6 D nou σ LEAVEM E Μ AH IO: 3. Stri Ç 10-14-09 Dated

Typed or printed name of signee

T

J.

Susan

Signature of a member or authorized representative of a member

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Page 2 of 2

Filing Fee: \$25.00