

LO9000090622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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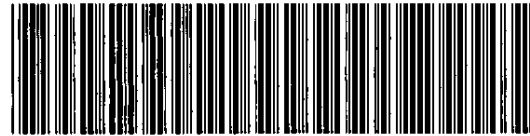
(Business Entity Name)

(Document Number)

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D. BRUCE

SEP 08 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA KAZ A SLO
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:

SOPHIE BOUCHENOT

Name of Person

MINEOLA CONSULTING INC

Firm Company

6900 S ORANGE BLOSSOM TR #432

Address

ORLANDO FL 32809

City State and Zip Code

FLMINEOLA@AOL.COM

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

For further information concerning this matter, please call:

SOPHIE BOUCHENOT

Name of Person

at (407)

850 9471

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**

LA KAZ A SLO, 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 09/18/2009 and assigned
Florida document number L09000090622

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: 6900 S ORANGE BLOSSOM TR #432
(Principal office address MUST BE A STREET ADDRESS) ORLANDO , FL 32809

Enter new mailing address, if applicable: 6900 S ORANGE BLOSSOM TR #432
(Mailing address MAY BE A POST OFFICE BOX) ORLANDO, FL 32809

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: SOPHIE BOUCHENOT
New Registered Office Address: 6900 S ORANGE BLOSSOM TR #432
Enter Florida street address
ORLANDO Florida 32809
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.


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 | FREDERICI OLIVIERI | 510 Ocean Drive #201 Miami Beach, FL 33139 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | DOMINIQUE SLOZINSKI | 6900 S ORANGE BLOSSOM TR #432 ORLANDO, FL 32809 | <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 |
| | | | <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

8/30/2010

Signature of a member or authorized representative of a member

SLOZINSKI Dominique

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00