

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

86230

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000293552 3)))



H140002935523ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

EFFECTIVE DATE
12-19-2014

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FILED
2014 DEC 19 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAWRENCER ENTERPRISES USA, LLC

RECEIVED

14 DEC 19 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. DALY
EXAMINER
DEC 22 2014

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

H14000298552

TO: Registration Section
Division of Corporations

SUBJECT: LAWRENCER ENTERPRISES USA, 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:

Lawrence O. Obayomi

Name of Person

Don Gonzalez, Esq.

Firm/Company

1820 N. Corporate Lakes Blvd. Ste. 201

Address

Weston, FL 33326

City/State and Zip Code

dongonzalez@aol.com

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

For further information concerning this matter, please call:

Jorge Zubizarreta

Name of Person

786

at ()

Area Code

294-8697

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

H14000298552

EFFECTIVE DATE
12-19-2014

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2014 DEC 19 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAWRENCER ENTERPRISES USA, 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 09/23/2010 and assigned
Florida document number L10000099873

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:

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	Lawrence O. Obayomi	1820 N. Corporate Lakes Blvd. Ste. 201 Weston, FL 33326	☒ Add ☐ Remove
MGRM	Olutone Enterprises Nigeri	1820 N. Corporate Lakes Blvd. Ste. 201 Weston, FL 33326	☒ Add ☐ Remove
MGRM	Olusoji Obayomi	1820 N. Corporate Lakes Blvd. Ste. 201 Weston, FL 33326	☐ Add ☒ Remove
Managi	Olateju Obayomi	1820 N. Corporate Lakes Blvd. Ste. 201 Weston, FL 33326	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

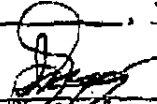
FILED
2014 DEC 19 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H1400029355

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

E. Effective date, if other than the date of filing: 12-19-14 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 17th 2014



Signature of a member or authorized representative of a member

Lawrence O. Obayomi

Typed or printed name of signer

H14000293552

Page 3 of 3
Filing Fee: \$25.00

FILED
2014 DEC 19 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA