

L11000024504

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 27 AM 11:02

JAN 30 2012
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

(current: ShatAlexon) changed to

Lauren Alexon, 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:

Lauren Alexon

Name of Person

ShatAlexon changed to Lauren Alexon

Firm/Company

P.O. Box #330164

Address

miami, florida 33233

City/State and Zip Code

model@LaurenAlexon.com

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

For further information concerning this matter, please call:

Lauren Alexon

Name of Person

at 305 244. 4824

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JAN 27 AM 11:02

Sha Alexon, 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 2/28/2011 and assigned
Florida document number L11000024504

This amendment is submitted to amend the following:

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

Lauren Alexon, LLC.

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)

3001 SW 27th Ave #308
miami, florida 33133

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box #330164
miami, florida 33233

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:

Lauren Alexon

New Registered Office Address:

3001 SW 27th Ave #308

Enter Florida street address

miami

City

Florida

33133

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.

Lauren Alexon
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>
MGRM	Lauren A. Boden	4520 NW 4th Street Miami, Florida 33128	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Shahabuddin A mohammad	4520 NW 4th Street Miami, Florida 33128	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Lauren Alexon	P.O. Box # 332164 Miami, Florida 33233	<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

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

Dated Jan 3rd 2012

Signature of a member or authorized representative of a member

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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JAN 27 AM 11:02