

L12000038929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

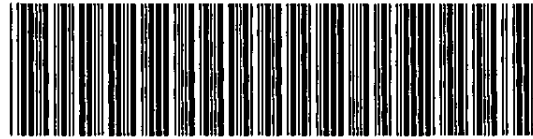
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

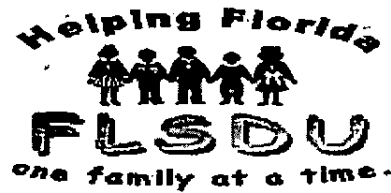


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FILED
12 SEP 17 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan SEP 18 2012



OLEANDER BUILDERS AND DEVELOPM
5647 OLD BERKLEY RD.
AUBURNDALE, FL 33823

Date: 07/18/2012

Dear OLEANDER BUILDERS AND DEVELOPM:

We are returning the enclosed check(s) to you for the following reason:

The payee on the Pay To The Order Of line is unacceptable. Please DO NOT alter this check and resubmit it. A new check must be written out and made payable to the FLSDU. Please include the payor name, Florida case number, social security number, and county code or county name and return it to the FLSDU PO Box 8500 Tallahassee, FL 32314.

**Please note in order for the SDU to process your payments the date format must be:
mm/dd/year.**

**If you have questions concerning your returned item please contact Employer Line at
1-888-883-0743 or Obligor 1-877-769-0251. Should you need more information about your
child support case(s), please contact the Clerk of the Court for the county where your case was filed.**

Thank you for your attention to this matter.

State of Florida Disbursement Unit
P.O. Box 8500
Tallahassee, FL 32314

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lamiche Holdings, 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:

Michele Lee

Name of Person

Lamiche Holdings, LLC

Firm/Company

2011 NE 27th Street

Address

Lighthouse Point, FL 33064

City/State and Zip Code

michele@oleanderbuilders.com

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

For further information concerning this matter, please call:

Michele Lee

Name of Person

at (713)

447-7520

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

12 SEP 17 AM 11:41

Lamiche Holdings, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/20/2012 and assigned Florida document number L12000038929.

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:

2011 NE 27th Street

(Principal office address MUST BE A STREET ADDRESS)

Lighthouse Point, FL 33064

Enter new mailing address, if applicable:

2011 NE 27th Street

(Mailing address MAY BE A POST OFFICE BOX)

Lighthouse Point, FL 33064

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:

Michele Lee

New Registered Office Address:

2011 NE 27th Street

Enter Florida street address

Lighthouse Point

, Florida

33064

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>
MGRM	Oleander Builders and Deve	2011 NE 27th Street Lighthouse Point, FL 33064	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Christopher P. Lee	2011 NE 27th Street Lighthouse Point, FL 33064	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Laraine Lind	1853 SUMTER STREET NW ATLANTA GA 30318	<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.)

Dated _____

Signature of a member or authorized representative of a member

Michele Lee
Typed or printed name of signee

12 SEP 17 AM 11:41
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA