

L13000028502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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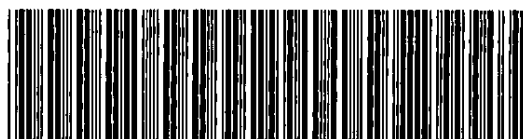
(Business Entity Name)

(Document Number)

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FILED
17 JUN 27 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 29 2017
J SHIVERS

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT IN AND
FOR MIAMI-DADE COUNTY, FLORIDA

IN RE: CHANGE OF NAME
OF:

Cheddi A. Lowe
Petitioner.

FAMILY DIVISION

CASE NO. 2017-001691-FC-04

Section: 29

FINAL JUDGMENT OF CHANGE OF
NAME (ADULT)


THIS CAUSE was heard on the Petition for Change of Name, and the Court having heard the testimony of the Petitioner, and being fully informed in the Premises, it is

ADJUDGED that said Petition hereby is granted, and **Cheddi A. Lowe** hereafter shall be known by the name of **Shaba Kojo Jua Kanuri** and it is further

ADJUDGED that the Clerk of the Court hereby is directed to report this Final Judgment for Change of Name to the Department of Vital Statistics of the State of Florida.

DONE and ORDERED in Chambers at Miami-Dade County, Florida, on this the 6th day of March, 2017


MARCIA DEL REY
CIRCUIT COURT JUDGE

STATE OF FLORIDA, COUNTY MIAMI-DADE
I HEREBY CERTIFY that the foregoing is a true and correct copy of the
original on file in this office. MAR 6 2017 AD 20
HARVEY RUVIN, Clerk of Circuit and County Courts
Deputy Clerk 



CEDRIC RILES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Sound of Electric Lo Mein 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:

Shaba Kojo Jua Kanuri
Name of Person

The Sound of Electric Lo Mein LLC
Firm/Company

17007 SW 142nd Place
Address

Miami Florida 33177
City/State and Zip Code

ShabaKojo@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shaba Kojo Jua Kanuri at (305) 209 4042
Name of Person 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**

The Sound of Electric Lo Mein 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 February 25, 2013 and assigned Florida document number L13000028502.

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 contain 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

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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager.
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jermaine L Bethune		<input type="checkbox"/> Add
		17007 SW 142 nd Pl Miami FL 33177	<input checked="" type="checkbox"/> Remove
	From:		<input type="checkbox"/> Change
MGR	Cheddi A. Lowe		<input type="checkbox"/> Add
	to:		<input type="checkbox"/> Remove
	Shaba Koyo Jua Kanuri	17007 SW 142 nd Pl Miami FL 33177	<input checked="" type="checkbox"/> Change
MGR	Evelynne Lowe		<input type="checkbox"/> Add
		17007 SW 142 nd Place Miami FL 33177	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Cheddi Anthony Lowe underwent name correction,
legal name Shaba Kojó Jua Kanuri

Shaba Kojó Jua Kanuri formerly known as
Cheddi Anthony Lowe

E. Effective date, if other than the date of filing: _____ (optional)

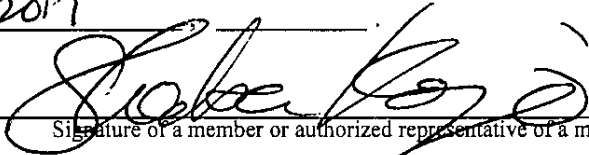
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated

June 24, 2017



Signature of a member or authorized representative of a member

Shaba Kojó Jua Kanuri

Typed or printed name of signee

RECEIVED
17 JUN 27 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA