

L13000148592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

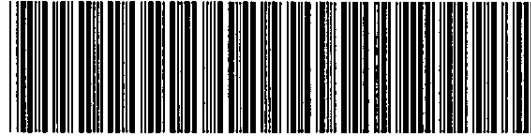
(Document Number)

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FALCON SYSTEMS

B. BOSTICK

DEC 12 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LayZboards 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:

Leonard Zweck
Name of Person

LayZboards
Firm/Company

6714 Duckhorn Ct.
Address

Port Orange, FL 32128
City/State and Zip Code

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

For further information concerning this matter, please call:

Leonard Zweck at (386) 871-9635
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

J. Sals

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Lay2boards, 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 10/22/13 and assigned Florida document number L13000148592.

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

_____, 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 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

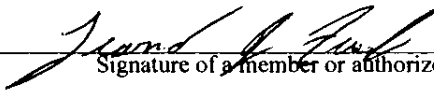
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Leonard Zweck	6714 Duckhorn Ct. Port orange, FL 32128	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Dave Vogt	6714 Duckhorn Ct. Port orange, FL 32128	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Dave Vogt	6714 Duckhorn Ct. Port orange, FL 32128	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Amanda Keefer	6714 Duckhorn Ct. Port orange, FL 32128	<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

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

Leonard Zweck

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2020-11-05 11:55:45



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2013

LEONARD ZWECK
LAYZBOARDS LLC
6714 DUCKHORN CT.
PORT ORANGE, FL 32128

SUBJECT: LAYZBOARDS LLC
Ref. Number: L13000148592

We have received your document for LAYZBOARDS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jeraline Saulsberry
Regulatory Specialist II

Letter Number: 913A00026422

2013 DEC 11 PM 5:45
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED