

L13000158224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

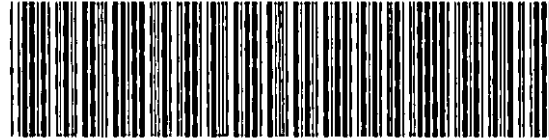
(Document Number)

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10/19/18--01005--014 \*\*7.50

09/19/18--01007--017 \*\*52.50

FILED  
18 OCT -4 AM 7:40



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 22, 2018

AMANDA WHALEN  
211 PARSONS WOODS DR  
SEFFNER, FL 33584

SUBJECT: LAA LLC  
Ref. Number: L13000158224

**Correction  
attached**

We have received your document for LAA LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Chapter 605, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

There is a balance due of \$7.50.

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

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 018A00019850

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2018 OCT -4 AM 11:10

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LAA 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:

Amanda Whalen  
Name of Person

LAA LLC  
Firm/Company

211 Parsons Woods Drive  
Address

Seffner FL 33584  
City/State and Zip Code

lesa123478@gmail.com  
E-mail address: (to be used for future annual report notification)

further information concerning this matter, please call:

Amanda Whalen at ( 813 ) 502-6521  
Name of Person Area Code Daytime Telephone Number

sed is a check for the following amount:

☐ \$5.00 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

LAA 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 11/12/2013 and assigned  
Florida document number L1 3000 158224

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

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:

Amanda Whalen

New Registered Office Address:

211 Parsons Woods Dr

Enter Florida street address

Seffner

Florida

33584

City

Zip Code

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  
understand 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.

Amanda Whalen

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          | Lesla Martino | 211 Parsons Woods | <input type="checkbox"/> Add               |
|              |               | Seffner FL 33584  | <input checked="" type="checkbox"/> Remove |
|              |               |                   | <input type="checkbox"/> Change            |
|              |               |                   | <input type="checkbox"/> Add               |
|              |               |                   | <input type="checkbox"/> Remove            |
|              |               |                   | <input type="checkbox"/> Change            |
|              |               |                   | <input type="checkbox"/> Add               |
|              |               |                   | <input type="checkbox"/> Remove            |
|              |               |                   | <input type="checkbox"/> Change            |
|              |               |                   | <input type="checkbox"/> Add               |
|              |               |                   | <input type="checkbox"/> Remove            |
|              |               |                   | <input type="checkbox"/> Change            |
|              |               |                   | <input type="checkbox"/> Add               |
|              |               |                   | <input type="checkbox"/> Remove            |
|              |               |                   | <input type="checkbox"/> Change            |
|              |               |                   | <input type="checkbox"/> Add               |
|              |               |                   | <input type="checkbox"/> Remove            |
|              |               |                   | <input type="checkbox"/> Change            |

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OCT - 4 AM 7:40  
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**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.

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

ted 9/30 2018

Amanda Whalen

Signature of a member or authorized representative of a member

Amanda Whalen

Typed or printed name of signee