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FILED

2014 MAR 10 PM 1: 44

SECKETARY OF STATE

MAR 11 2019 T. HAMPTON



COVER LETTER

TO: Registration Section **Division of Corporations** AURENT 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: **Cantos Robert** Name of Person Firm/Company 20533 Biscayne Blvd #717 Miami,FL 33180 City/State and Zip Code Creditpfs@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Cantos Robert

 $_{at}\underbrace{(786}_{Area\ Code})\frac{487.0922}{Daytime\ Telephone\ Number}$

Name of Person

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



February 24, 2014

CANTOS ROBERT 20533 BISCAYNE BLVD # 717 MIAMI, FL 33180

SUBJECT: LAURENT LLC Ref. Number: L14000013045

We have received your document for LAURENT 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):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

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.

Tammy Hampton Regulatory Specialist III

Letter Number: 214A00004084



February 6, 2014

CANTOS ROBERT 20533 BISCAYNE BLVD # 717 MIAMI, FL 33180

SUBJECT: LAURENT LLC Ref. Number: L14000013045

We have received your document for LAURENT LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The registered agent must sign accepting the designation.

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.

Letter Number: 614A00002740

Tammy Hampton Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

oany as it now appears on our r I Liability Company)	ecords.)	
y were filed on <u>01/24/20</u>	014 and assigned	
bility company here:		
ability Company," the designation	"LLC" or the abbreviation "L.L.C."	
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Miami,FL 33180	LL AR	
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office address on our rec ere:	cords, enter the name of the nev	
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Office Address: 20533 Biscayne Blvd #717		
Enter Florida street a		
	_, Florida <u>33180</u>	
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	bility company here: ability Company," the designation 20533 Biscayne Miami,FL 33180 office address on our recent	

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

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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If amending any other information, enter change(s) here: (Attach ad	lditional sheets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and ca	(optional)
the date this document is filed by the Florida Department of State)	nnot be more than 90 days after
Dated 01/24 , 2014 .	
+=	
Signature of a member or authorized represen	tative of a member
Robert Cantos	
Turned or neintad name of ciar	100

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
AND ANASSEE, FLORIDA