# L15000044436

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SECRETARY OF STATE

MAR 29 2016 O. BRUCE

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CORRECT SPELLING OF CORPORATION TO LAWREN PELAE  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:  LAUREN PELAEZ - MGY.  Name of Person  LAUREN PELAEZ, LLC.  Firm/Company
Address  NORTH MIAMI FL 33181  City/State and Zip Code  LP ovinginals again. Company 28  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    April
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$ Certificate of Status  \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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

LARUEN PELAE	EZ, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000044</u> .431	were filed on 03 11 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile.  LAUVEN PELAEZ LLC  The new name must be distinguishable and contain the words Limited Liabile.		abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2684 NE 139 North MIAMI	5 st. , FL. 33181
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	NIA	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	SAME)	The mane of the new
	Enter Florida street address , Florida City	Zip Code
	· · ·	Lip 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 = AMBR =	Manager Authorized Member			
<u>Title</u>	<u>Name</u>	.11.	Address	Type of Action
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D. If amending any other information, enter change(s), here: (Attach addition			
please change name as 1	t was	INCOrre	ctly
sociled As "LARMEN." +	o the	incorre Corre	ct '
First name "LAUREN."			
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or monomore. Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	ore than 90 days after	filing.) Pursuant to 6	505.0207 (3 isted as th
the record specifies a delayed effective date, but not an effective ti	ime, at 12:01 a	a.m. on the ear	rlier of:
) The 90th day after the record is filed.	•		
Dated 3/21/16			
Dated,,			
young the			
Signature of a member or authorized representative	of a member		
YOUNA IOTH			
Typed or printed name of signee			

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Filing Fee: \$25.00