

115000208299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

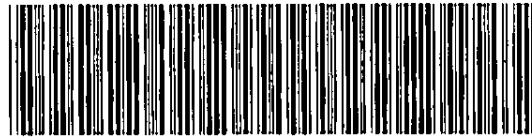
(Document Number)

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12/06/18 6:08 PM \$5.00



FILED
19 JAN 11 PM 7:45
TALLAHASSEE, FLORIDA

K. SALY
JAN 15 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2018

LAVOOCHÉ PRODUCTIONS LLC
LAVERN SQUIRE
7410 WOODMONT TERR
TAMARAC, FL 33321

SUBJECT: LAVOOCHÉ PRODUCTIONS LLC
Ref. Number: L15000208299

We have received your document for LAVOOCHÉ PRODUCTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 218A00025815

COVER LETTER

ATTN:
* KAREN Saly *

TO: Registration Section
Division of Corporations

SUBJECT: LAVOOCHE Productions 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:

Lavern Squire
Name of Person
LAVOOCHE Productions LLC
Firm/Company
7410 Woodmont TERR #105
Address
TAMARAC FL. 33321
City/State and Zip Code
lavooche@gmail.com
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Lavern Squire at (954) 214-8373
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

* ATTN *

→ Karen Saly ←

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

Lavooche Productions LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

19 JAN 11 PM 7:46
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/15/15 and assigned Florida document number L15000208299

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:

7410 Woodmont Terr #105

Enter Florida street address

Tamara Florida 33321

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>
AMBR	Gairy Clarke	7410 Woodmont Terr #105 TAMARAC FL 33321	<input checked="" type="checkbox"/> Add
	Gairy Clarke		<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11/11/01 BY 7-1418

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

19 JAN 11 PM 7:46

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 January 4, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee