

**L16000068890**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

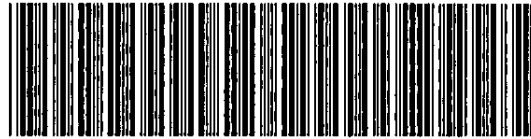
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(Document Number)

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MAR 31 P 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S Warren**

APR 03 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2017

LUYNDA BUI  
10753 SW 104TH STREET  
MIAMI, FL 33176

SUBJECT: LEJGER LLC  
Ref. Number: L16000068890

We have received your document for LEJGER 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 017A00004508

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LEJER, 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:

LUYNDA BUI  
\_\_\_\_\_  
Name of Person  
  
LEJER, LLC.  
\_\_\_\_\_  
Firm/Company  
  
10753 SW 104TH ST  
\_\_\_\_\_  
Address  
  
MIAMI FL 33176  
\_\_\_\_\_  
City/State and Zip Code  
  
LUYNDA@LEJER.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUYNDA BUI  
\_\_\_\_\_  
Name of Person  
  
901 877-8707  
at ( )  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

LEJER, 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 04/06/2016 and assigned  
Florida document number L16000068890.

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)**

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TAMPA, FLORIDA

**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: LUYNDA BUI

New Registered Office Address: 10753 SW 104TH ST

Enter Florida street address

MIAMI, Florida 33176

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

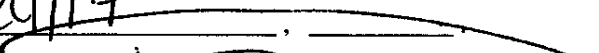
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DANNY CESAR	10753 SW 104TH ST	<input type="checkbox"/> Add
		MIAMI FL 33176	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUYNDA BUI	10753 SW 104TH ST	<input checked="" type="checkbox"/> Add
		MIAMI FL 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

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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.

Dated 3/24/17



Signature of a member or authorized representative

**Page 3 of 3**  
**Filing Fee: \$25.00**

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MAR 7 1961  
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TALLAHASSEE, FLORIDA