

L16000217366

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000303431 3)))



H160003034313ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LARU BEYA SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED
2016 DEC 12 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
16 DEC 12 AM 5:59
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 13 2016

Y SULKER

Lanu Beya Services LLC

Page 1 of 3

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	David A. Jenkins	No. 1 Orchid Garden Street	<input checked="" type="checkbox"/> Add
		Belmopan	<input type="checkbox"/> Remove
		Belize	<input type="checkbox"/> Change
MGR	David A. Jenkins	No. 1 Orchid Garden Street	<input checked="" type="checkbox"/> Add
		Belmopan	<input type="checkbox"/> Remove
		Belize	<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

16 DEC 12 AM 9:59
 RECEIVED
 FLORIDA
 ASSISTANT SECRETARY

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

OFFICE OF THE
SOLICITOR GENERAL
TALLAHASSEE, FLORIDA

WILLIAMS, SEBASTIAN

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 December 12 2016

Riley Parker

Signature of a member or authorized representative of a member

Riley Park

Typed or printed name of signee