

L17000032344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

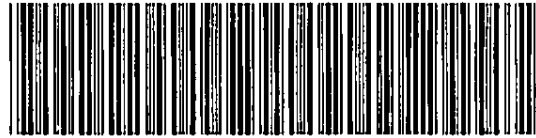
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MIAMI, FL 03/16/2021

DOC # L17000032355

CHECS OF \$25,00 FOR THE AMENDMENT FEES

CHECK OF \$521.25 FOR THE REINSTATEMENT AND CERTIFICATE OF STATUS FEES

THANKS

A handwritten signature in black ink, consisting of a stylized, cursive letter 'R' or similar character, written below the word 'THANKS'.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAMAX 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:

SANTE VINCENZI

Name of Person

BUSINESS ASSISTANCE INC.

13499 BISCAYNE BOULEVARD TS-1

Address

NORTH MIAMI, FL 33181

City/State and Zip Code

THEBUSINESSASSISTANCE@GMAIL.

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

[illegible]

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

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

LAMAX 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 02/09/2017 and assigned Florida document number L17000032344.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LAMAX GUEST LLC

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)

13499 BISCAYNE BOULEVARD STE TS-1

NORTH MIAMI, FL 33181

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13499 BISCAYNE BOULEVARD STE TS-1

NORTH MIAMI, FL 33181

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:

BUSINESS ASSISTANCE INC.

New Registered Office Address:

13499 BISCAYNE BOULEVARD STE TS-1

Enter Florida street address

NORTH MIAMI

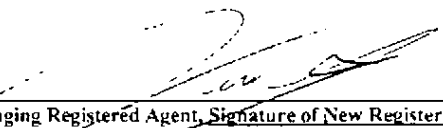
Florida 33181

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	ROSSO, ALESSANDRO	1550 MADRUGA AVE STE 250	<input type="checkbox"/> Add
		CORAL GABLES, FL 33164	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GUERRA, ANNIBALE	13499 BISCAYNE BOULEVARD STE TS-1	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33181	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GUERRA, MARIO	13499 BISCAYNE BOULEVARD STE TS-1	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33181	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	STATERINI, PASQUALINA	13499 BISCAYNE BOULEVARD STE TS-1	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33181	<input type="checkbox"/> Remove
			<input checked="" 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

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

[illegible]

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 03/16, 2021
Guernio Amabile
 Signature of a member or authorized representative of a member

ANNIBALE GUERRA MGR

Typed or printed name of signee