117000062391

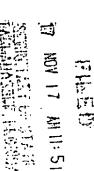
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Codificat Conice
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700305766757

11/17/17--01015--018 **25.00





COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ECT: Lavish Enterprise & Investments,	LLC,
The end	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please r	return all correspondence concerning this matter to the following:	
	Name of Person	
	Firm/Company	
	Address	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For furt	rther information concerning this matter, please call:	
	Denson Joseph at 315 , 172-2286 Name of Person Area Code Daytime Telephone Number	
ヽヹ	sed is a check for the following amount:	
\$25	(additional copy is enclosed) Certified	e of Status &

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

(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 C	Company were filed on May 17, 207 and assigned	
Florida document number <u>L 17000023</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	uited liability company here:	
~ 100		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDI	RESS)	
	x i n	
Enter new mailing address, if applicable:	N#	
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amounting the registered agent and/or regis	stered office address on our records, enter the name of the ne	
registered agent and/or the new registered office add		-
•	1) ^	
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	NIA	
New Registered Office Address.	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registe <mark>red</mark> agent	and agree to act in this capacity. I further agree to comply with the	C
provisions of all statutes relative to the proper and c	complete performance of my duties, and I am familiar willband gent as provided for in Chapter 605, F.S. Or, if this document is	
	ed office address, I hereby confirm that the limited-liability	
company has been notified in writing of thi <mark>s c</mark> hange.		
	NIA E = T	
	NHT 躁症 法	
	If Changing Registered Agent, Signature of New Registered Agent	

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Address Type of Action □ ∧dd ☐ Remove □ Change Diana Joseph 2101 Vista Parkway West Palm Beach, FL. 33412 Remove ☐ Change MGR 2101 Vista Parkway West Polm Beach, FL. 3341 □ Change Theresa Joseph 2107 Vista Parkway West Palm Becch, FL 3341) ☐ Change □ Remove Change

-		<u> </u>		<u> </u>	
		<u> </u>			
			<u> </u>		
•					
					
-					
					
			. -		
		<u> </u>			
				 	
					
		1			
					
					
E. Effective date, if oti	ier than the dat	te of filing:	MIA	– (opti	ional)
(If an effective date is list	ed, the date must be s	specific and cannot be	prior to date of filing	or more than 90 days afte	r filing.) Pursuant to 605.020' is date will not be listed as
document's effective					
YE AL					
If the record specifie (b) The 90th day af			t not an errectiv	ve time, at 12:01	a.m. on the earlier o
110.	0.000.0	604 Om	} }		77742
Dated NOV	THIT	0911 20		11	
		1. 1	/ /	V 1	## Z
		// .		ا/ أبع	
	Sign	nature of a member or	authorized represent	ative of a member	DV 17

1 1

Page 3 of 3

Filing Fee: \$25.00