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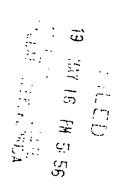
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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O SIMMONS MAY 31 2019

## **COVER LETTER**

Division of Co	rporations		
SUBJECT:	397 Laguna LLC		
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Carolyn Laing	
		Name of Person	
		Firm/Company	
	2275 SW 66th Terrace		
		Address	
	Davic, FL 33317		
	Carolyn@biscayneroofing.c	City/State and Zip Code com	<del></del>
	E-mail address: (	to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	ali:	
Carolyn Laing		954 604-0750	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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:

TO:

**Registration Section** 

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

ina LLC	
iny as it now appears on our reco Liability Company)	ords.)
were filed on April 18, 2017	and assigned
ility company here:	, Ö
lity Company," the designation "L	LC" or the abbreviation "L.L.C."
2275 SW 66th Terrace	
Davie, FL 33317	i, ú
	5, 5,
Davie, FL 33317	
	rds, enter the name of the ne
P. Pl.	
City	Florida Zip Code
	ility Company here:  lity Company," the designation "L 2275 SW 66th Terrace Davie, FL 33317  2275 SW 66th Terrace Davie, FL 33317  ffice address on our recore:  Enter Florida street add

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

It 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>	Address	Type of Action
Mrs	Carolyn Laing	17210 SW 58 ST SW Ranches, FL 33331	<b></b> Add
			_ □ Remove
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	: 문 )
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Tective date, if other than the date of filing:	(ontional)
an effective date is listed, the date must be specific and cannot	(optional) of be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Department of State's	
e record specifies a delayed effective date, The 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earlier of
ated May 14 20	19
ated May 14 20  Signature of a mention	tiate of

Page 3 of 3

Filing Fee: \$25.00