

L17000093709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

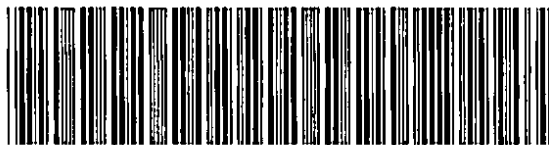
(Business Entity Name)

(Document Number)

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AUG 08 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAZ LIPO
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:

BRENDA SANCHEZ
Name of Person

LAZ LIPO
Firm/Company

1550 MONTE CARLO CT
Address

MERRITT ISLAND, FL 32952
City/State and Zip Code

BRENDA @ 321 FATLOSS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRENDA SANCHEZ at (321) 424-0202
Name of Person Area Code Daytime Telephone Number

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
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**

LAZ LIPO

(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 4/27/2017 and assigned
Florida document number 417 000093709

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)

3. 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:

BRENDA SANCHEZ

New Registered Office Address:

1550 MONT CARLO CT

Enter Florida street address

MERRITT ISLAND

City

Florida

32952

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.

Brenda Sanchez

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> |
|--------------|-----------------|---------------------|--|
| AMBR | STRAWBERRY LANE | 1550 monte Carlo ct | <input type="checkbox"/> Add |
| | UPO HOLDING CO | MERRITT ISLAND, FL | <input type="checkbox"/> Remove |
| | | 32952 | <input checked="" type="checkbox"/> Change |
| AMBR | JULIE LaLONDE | 1550 monte Carlo ct | <input checked="" type="checkbox"/> Add |
| | | MERRITT ISLAND, FL | <input type="checkbox"/> Remove |
| | | 32952 | <input type="checkbox"/> Change |
| AMBR | BRENDA SANCHEZ | 1550 monte CARLO CT | <input checked="" type="checkbox"/> Add |
| | | MERRITT ISLAND, FL | <input type="checkbox"/> Remove |
| | | 32952 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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[illegible]

(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.

Dated AUG 3, 2017.

Filing Fee: \$25.00