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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Se Division of Cor			
etib ti		AL SOLUTIONS LEC		
SOBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Eduardo Lavin		
			Name of Person	<u> </u>
		LAVIN STORE LLC		
			Firm/Company	
		8822 W 34 Ct		
			Address	
		Hialeah, Florida 33018		
		•	City/State and Zip Code	
SUBJEC The enclo Please ret Eduardo Enclosed		lavin.eduardo@gmail.com		
			to be used for future annual report no	tification)
For fur	ther information e	oncerning this matter, please co	all:	
Eduare	do Lavin		786 355-7583	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2:	5.00 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

LAVMETAL SOLUTIONS LLC

EATTHETAE SOLOTIONS EEC		
(<u>Name of the Limited</u>) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L17000181270</u>	ility Company were filed on 08/24/2017 and assigned	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
Lavin Store LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."	_
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A		_
		_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	2X)	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the	: nev
registered agent and/or the new registered white	t according to the control of the co	
Name of New Registered Agent:	IAL SE	
	702	
New Registered Office Address:	Enter Florida street address	
	Florida Fig. 7	•
-	City Zip Colle	
New Registered Agent's Signature, if changing Reg	istered Agent:	ŧ
provisions of all statutes relative to the proper accept the obligations of my position as register	gent and agree to act in this capacity. I further agree to comply wit and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or, if this document istered office address, I hereby confirm that the limited liability inge.	

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>	Address	Type of Action
MGR	Alexander Lavin	2208 W 74 Street, Apt # 201	■ Add
		Hialeah, FL 33016	
			☐ Change
			Add
			Remove
			Change
			☐ Remove
			Change
			Add
		-	Remove
			Change
			
			□ Remove
			Change
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ffective an effec	e date, if other than the date of filing:	(optional) s after filing) Pursuant to 60	is 0207
<u>'ote:</u> If	the date inserted in this block does not meet the applicable statutory filing requirement		
ocumen	t's effective date on the Department of State's records.		
reco	rd specifies a delayed effective date, but not an effective time, at 12:	·01 a.m. on the earli	ier o
The 9	Oth day after the record is filed.	of a.m. of the carr	, C1 O1
ated	September 25, 2017. Signature of a member or authorized representative of a member		
	Q / -		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee