

L17000240158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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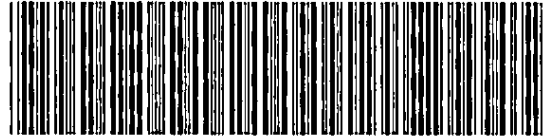
(Business Entity Name)

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MASSACHUSETTS, FLORIDA

S. WARREN

DEC 01 2017

8559 Lamento Avenue North, LLC  
20c DeCarmine St, Ste 101  
Wakefield, MA 01880

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: LLC Amendment for Name Change

To Whom It May Concern:

Attached please accept the signed Amendment to 8559 Lamento Drive North, LLC in order to correct the name to 8559 Lamento **Avenue** North, LLC.

If there are any questions, please feel free to contact me at 781-258-2960.

Thank you,



Kristin Valencia

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 8559 Lamento Drive North 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:

William Mandell
Name of Person
8559 Lamento Avenue North, LLC
Firm/Company
20c DelCarmine Street, Suite 101
Address
Wakefield, MA 01880
City/State and Zip Code
kv@ocbuyshouses.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Mandell                                  617        201-5904  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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

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**MGR =** Manager  
**AMBR =** Authorized Member

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☐ Change

[illegible]

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Dated November 21, 2017

Signature of a member of a

Signature of a member or authorized representative of a member

William Mandell

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

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