

118000282153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

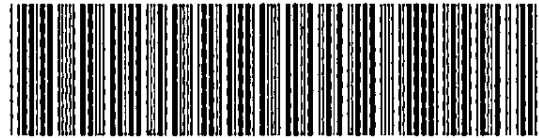
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2/19/21
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LPI DISTRIBUTION 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:

GEOFFROY LECAT

Name of Person

LPI DISTRIBUTION LLC

Firm/Company

1350 NW 86ST

Address

MIAMI FL 33147

City/State and Zip Code

geoffroy.lecat@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Geoffroy Lecat

305 310-3013
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>
MGR	LECAT ROMAIN	1160 NE 87TH STREET	<input type="checkbox"/> Add
		MIAMI FL 33138	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LECAT ALEXANDRE	1160 NE 87TH STREET	<input type="checkbox"/> Add
		MIAMI FL 33138	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHOPIN JEAN-LUC	1350 NW 86 STREET	<input checked="" type="checkbox"/> Add
		MIAMI FL 33147	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

X  Signature of a member or authorized representative

GEOFFROY LECAT

Typed or printed name of signee