

L19000077393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

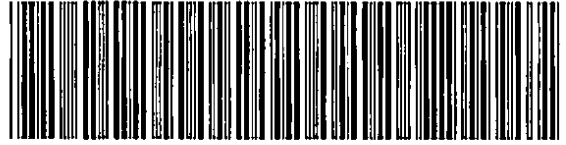
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/17/20--01008--006 **25.00

2020 NOV 30 AM 11:09

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2020 11 30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lagos Island Brewing 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:

Ikechi Ajoku

Name of Person

Lagos Island Brewing llc

Firm/Company

1419 NW 161st Ave.

Address

Pembroke Pines, FL, 33028

City/State and Zip Code

ike@ajokustudios.com

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

For further information concerning this matter, please call:

Ikechi Ajoku

954

770-2076

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

RECEIVED
NOV 13 2020

[Signature]
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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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CLERK OF COURT
JULIA A. HARRIS
CLERK OF COURT

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

☒ The operation of the entity has also been changed. We now perform Interior design and consulting based services.

I PREVIOUSLY SUBMITTED THIS FORM MONTHS
AGO AND NEVER RECEIVED A RESPONSE.

I'M FILING AGAIN IN HOPE TO HAVE THESE
CHANGES FINALLY AMENDED. THANK YOU

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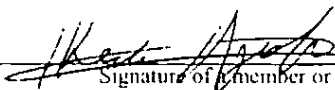
E. Effective date, if other than the date of filing: _____ **(optional)**

(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.

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.

Dated November 11th 2020



Signature of member or authorized representative of a member

Ikechi Ajoku

Typed or printed name of signee