

219000 167722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

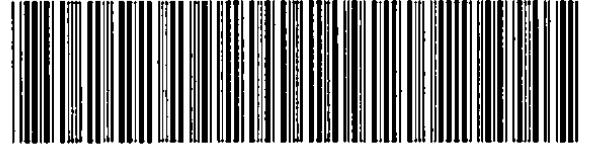
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LLC
Attend.
8/7/19
Dc

19 AUG -5 PM 3:04
DIVISION OF CORPORATIONS
STATE OF MARYLAND



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2019

ANNE R. BORDENAVE
LOWKEY'S HOOKAH LOUNGE & EATS LLC
12147 NW 7TH AVE.
NORTH MIAMI, FL 33168

SUBJECT: LOWKEY'S HOOKAH LOUNGE & EATS LLC
Ref. Number: L19000167722

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

PAGE 3 OF 3 OF THE FORM IS MISSING. PLEASE COMPLETE PAGE 3.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 419A00015385

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lowkey's Hookah Lounge & Eats LLC
Name of Limited Liability Company

RECEIVED
19 AUG - 5 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FL 32301

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anne Romeline Bordenave
Name of Person

Lowkey's Hookah Lounge & Eats LLC
Firm/Company

1297 NW 103rd Streets
Address

Miami, FL 33147
City/State and Zip Code

ANNEBORDENAVE97@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne Romeline Bordenave at (404) 717-5641
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

CLERK, DEPT. OF
DIVISION OF CORP.
19 AUG -5 PM 3:1

LOWKEY'S HOOKAH LOUNGE & EATS LLC
(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 06/26/2019 and assigned Florida document number L19000167722.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1297 NW 103rd Street
Miami, FL 33147

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1297 NW 103rd Street
Miami, FL 33147

B. 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:

New Registered Office Address:

1297 NW 103rd Street
Enter Florida street address
Miami Florida 33147
City 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.

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 add 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	Jean Kelly Circus	12147 NW 7th Avenue	<input type="checkbox"/> Add
		North Miami, FL 33168	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANNE BORDLINE Bordline	1297 NW 103rd Streets	<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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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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 August 2nd, 2019.

Signature of a member or authorized representative of a member

JEAN KENNY CINEVS
Typed or printed name of signee