

L19000 220265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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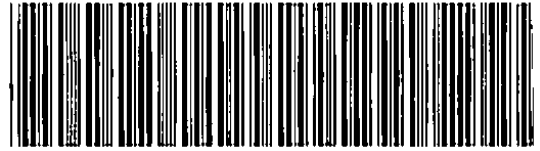
(Business Entity Name)

(Document Number)

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S. YOUNG

2020 JUL 29 AM 6:55

TO: Registration Section
Division of Corporations

SUBJECT: LA MIRAJ LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Passion Payne

Name of Person

LA MIRAJ LLC

Firm Company

518 Vereen Drive

Address

Maitland FL 32751

City/State and Zip Code

lamirajbeauty@gmail.com

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

For further information concerning this matter, please call:

Passion Payne at (321) 4567272
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

2019 JUN 29 11:11

**TO
ARTICLES OF ORGANIZATION
OF**

LA MIRAJ 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 08/28/2019 and a
Florida document number L19000220265.

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 "L

Enter new principal offices address, if applicable:

5087 Edgewater Drive # 608143

(Principal office address MUST BE A STREET ADDRESS)

Orlando FL 32810

Enter new mailing address, if applicable:

P.O. BOX 608143

(Mailing address MAY BE A POST OFFICE BOX)

Orlando FL 32860

B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:

Name of New Registered Agent:

Passion Payne

New Registered Office Address:

5087 Edgewater Drive # 608143

Enter Florida street address

Orlando

City

Florida 32810

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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
PRESIDE	PASSION PAYNE	5087 Edgewater Drive # 608143	<input checked="" type="checkbox"/> Ac
		Orlando FL 32810	<input type="checkbox"/> Re
			<input type="checkbox"/> Ch
MGR	JHAKYRA MCKINNEY	518 VEREEN DR	<input type="checkbox"/> Ad
		MAITLAND FL 32751	<input checked="" type="checkbox"/> Ret
			<input type="checkbox"/> Ch
MGR	MICHELLE VIGIER	518 VEREEN DR	<input type="checkbox"/> Ad
		MAITLAND FL 32751	<input checked="" type="checkbox"/> Ret
			<input type="checkbox"/> Ch
MGR, CI	AISHA MOORE	2141 SUNBOW AVENUE	<input type="checkbox"/> Ad
		APOPKA FL 32703	<input checked="" type="checkbox"/> Ret
			<input type="checkbox"/> Ch
MGR	MIRAJ S MCCALL	518 VEREEN DR	<input type="checkbox"/> Ad
		MAITLAND FL 32751	<input checked="" type="checkbox"/> Ret
			<input type="checkbox"/> Ch
PRESIDE	PASSION MCCALL PAYNE	518 VEREEN DR	<input type="checkbox"/> Ad
		MAITLAND FL 32751	<input checked="" type="checkbox"/> Ret
			<input type="checkbox"/> Ch

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.

Dated JUNE 24, 2020

Signature of a member
Passion Payne

Typed or printed name of signee

Filing Fee: \$25.00