

L19000232772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

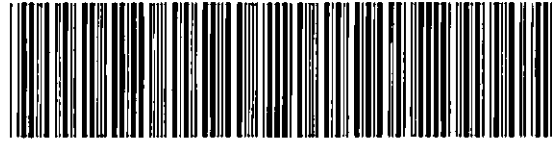
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DUE TO RETURNED CHECK

02/18/20--01005--020 **25.00

FILED
2020 FEB 18 PM 3:14
JAN 18 2020

Handwritten signature

MAR 11 2020
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

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SUBJECT: LAKAYANM 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:

CHARLOT, CHARLESERNST, JR

Name of Person

LAKAYANM LLC

Firm/Company

1655 DONNA RD UNIT 40

Address

West Palm Beach FL 33409

City/State and Zip Code

Caius1412@gmail.com

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

For further information concerning this matter, please call:

Charlot, Charlesernst Jr

Name of Person

at (361)

Area Code

229 7295

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LAKAYANMI LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 FEB 18 PM 3:44
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/16/2019 and assigned
Florida document number L19000232772.

This amendment is submitted to amend the following:

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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.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1655 DONNA RD UNIT 40

WEST PALM BEACH 33409

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1655 DONNA RD UNIT 40

WEST PALM BEACH 33409

3. 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:

CHARLOT, CHARLESERNST, JR

New Registered Office Address:

1655 DONNA RD UNIT 40

Enter Florida street address

West Palm Beach

Florida 33409

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 added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------------|--------------------------|--|
| MRG | CHARLOT, CHARLESERNST, JF | 1655 DONNA RD UNIT 40 | <input type="checkbox"/> Add |
| | | West Palm Beach FL 33409 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

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 Feb 14, 2020.

Charlotte Chap

Signature of a member or authorized representative of a member

CHARLOT, CHARLESERNST, JR

Typed or printed name of signee

Filing Fee: \$25.00