

L20000108606

(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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2020 JUL 27 AM 10:59
CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2020

MICHELLE KOLIN
607 WHITE FLOWER WAY
BROOKSVILLE, FL 34604 US

SUBJECT: M&C LLC
Ref. Number: L20000108606

This is to advise you that on April 21, 2020, we filed your entity under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your entity to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6052.

Sincerely,

Jalesa S Dennis
Regulatory Specialist II
New Filing Section

Letter Number: 420A00012709

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JULEY 27 2020
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M & C 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:

Michelle Kolin / Cassandra Jones
Name of Person

Firm/Company

607 White Flower Way
Address

Brooksville, FL 34604
City/State and Zip Code

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

For further information concerning this matter, please call:

Cassandra Jones at (813) 451-8593
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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 Address:

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

2020 JUL 27 AM 10:59
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

M & C 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 April 21st, 2020 and assigned Florida document number L20000108606.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Lamish Lab ~~LLC~~ by Cassie J. LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2020 JUL 27 AM 10:58
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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:

Enter Florida street address

City Florida 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

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SECURITY STATE
TALLAHASSEE, FLORIDA

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2020 JUL 27 AM 10:59

ALLAHABAD, INDIA

(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.

Dated

07/01/2020

M. J. L. L.

Signature of a member or authorized representative of a member

Michelle Kolin

Typed or printed name of signee