

L20000190403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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2020 AUG -4 PM 2:07

2020 AUG -4 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FL

AUG 05 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L*A Enterprises 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:

Lauter Wiseman
Name of Person

Firm/Company

3006 Morningside Dr.
Address

Tall, FL. 32301
City/State and Zip Code

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

For further information concerning this matter, please call:

Lauter Wiseman at (859) 728-8469
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

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

L + A Enterprises 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 July 6, 2020 and assigned Florida document number L20000190403

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.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)

FILED
2020 AUG -4 AM 9:04
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF ALACH, FL

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

_____, Florida _____
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 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 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Acti</u>
AMBR	Louren Wiseman	3006 Morningside Dr.	<input checked="" type="checkbox"/> Add
		Tall, FL. 32301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Andrew Williams	3006 Morningside Dr.	<input type="checkbox"/> Add
		Tall, FL. 32301	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2020 AUG - 14 AM 9:04
STATE OF FLORIDA
HHS/SEC/FL

2020 AUG - 4 AM 9:04
FLORIDA STATE
UNIVERSITY

FILED
2020 AUG -4 AM 9:04
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

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

Dated Aug. 4, 2020

Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

Lauten Wiseman

Typed or printed name of signee

Filing Fee: \$25.00