

L20 000 257351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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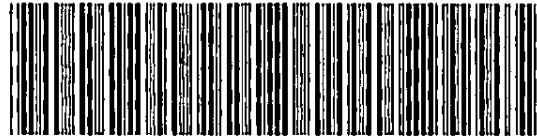
(Business Entity Name)

(Document Number)

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2/8/21
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lakay Cosmetics, 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:

Stephendiy Phara Dawui
Name of Person

Firm/Company

3143 NW 39th place
Address

Lauderdale Lakes, FL 33309
City/State and Zip Code

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

For further information concerning this matter, please call:

Phara Dawui at (954) 873 0985
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

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

Lakay Cosmetics, 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 8/26/2000 and assigned
Florida document number L20000257351

This amendment is submitted to amend the following:

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

N/A

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)

PO BOX 100767
Ft Lauderdale FL 33310

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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:

N/A

Enter Florida street address

_____, **Florida**

City

_____, Zip Code

Registered Agent's Signature, if changing Registered Agent:

*accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is
to merely reflect a change in the registered office address, I hereby confirm that the limited liability
has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

Person(s) authorized to manage, enter the title, name, and address of each person being added
from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Stephendijy P. Dawui	PO Box 100767 33310	<input type="checkbox"/> Add
		FT Lauderdale, FL 33310	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Koffi Dawui	PO Box 100767	<input checked="" type="checkbox"/> Add
		FT Lauderdale FL 33310	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

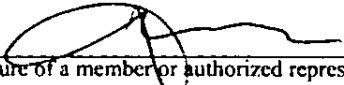
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Effective date, if other than the date of filing: 8/20/2020 (optional)

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.

word 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 filed.

December 8th, 2020.


Signature of a member or authorized representative of a member

Phara Dawui

Typed or printed name of signee