

W22 00007 3584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

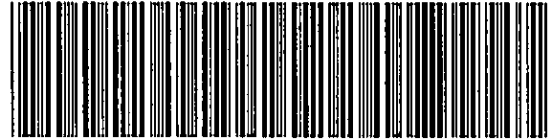
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OFFICE OF STATE
REGISTRATION

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAM Dune Fine One, 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 Marina
Name of Person
Firm/Company
6259 Black Fox Way
Address
Tallahassee, FL 32312
City/State and Zip Code
michelledmarina@gmail.com
E-mail address: (to be used for future annual report notification)

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REGISTRATION SECTION
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Michelle Marina at (561) 222-7394
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

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ovidiu Marina	6259 Black Fox Way	<input type="checkbox"/> Add
		Tallahassee, FL 32312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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DIVISION OF CORPORATIONS
STATE OF FLORIDA