## L22000102868

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DIVISION OF CORPORATIONS

22 MAY = Q PM 1: 44

T. MATTHEWS

JUL -5 2022

## **COVER LETTER**

TO:

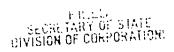
Tallahassee, FL 32314

TO: Registration So Division of Cor			
LAJWA LI SUBJECT:	LC		
SUBJECT:	Name of Lim	ited Liability Company	<del>-</del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Claudy Louis		
		Name of Person	
		Firm/Company	
	16151 NE 18th PL Apt 7		
	<del></del>	Address	<del></del>
	North Miami Beach, FL 33	3162	
		City/State and Zip Code	
	Claudylouis469@gmail.com	n to be used for future annual report noti	fication)
For further information c	concerning this matter, please co		
Claudy Louis		786 385-5453	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration (		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 MAY -9 PM 1:44

LAJWA, LLC

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

(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000102868	were filed on <u>02/28/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the new nam	ity Company," the designation "LI.C" or the ab	breviation "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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nam	e of the new registered
Name of New Registered Agent:		<del></del>
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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am for rovided for in Chapter 605, F.S. Or,	amiliar with and if this document is

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Claudy Louis	16151 NE 18th PL Apt 7 North Miami Beach FL331	162 ≣Add
			Remove
			□Change
			🗆 Add
			□Remove
		□Add	
		Remove	
			Change
		□Add	
		□Remove	
		□Change	
		🗀 Add	
		□ Remove	
		Change	
		DAdd	
			□Remove
			□Change

ii am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
Note:	ive date, if other than the date of filing:
e reco rd is f	rd 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 led.
Dated	
	Claudy Soury Signature of a member or authorized representative of a member
	Signature of a niember or authorized representative of a member
	Claudy Louis  Typed or printed name of signee

Filing Fee: \$25.00