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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

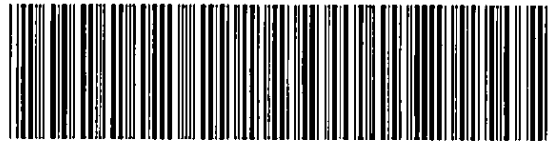
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAY 20 PM 2:53

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mestiza Laser Spa Miami 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:

Haris LeKaj
Name of Person

Mestiza Laser Spa Miami LLC
Firm/Company

1005 Spring garden Road Unit 734
Address

Miami FLORIDA 33136
City/State and Zip Code

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

For further information concerning this matter, please call:

Haris LeKaj at (646) 920-6045
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

2011 NOV 20 PM 2:53

STATEMENT OF FACT

DOCUMENT #: L22000161401

BUSINESS NAME: MESTIZA LASER SPA MIAMI LLC

FEI Number: 88-1820622

To whom it may concern,

I, Haris Lekaj am writing to report an illegal change on an LLC I am 50% owner of.

On April 10th 2024 Michelle Hokama made a change to the MESTIZA LASER SPA MIAMI LLC record on sunbiz. Ms. Hokama stated that she is the sole owner, manager and president of MESTIZA LASER SPA MIAMI LLC. This is false.

As you will see in our previous filings of this LLC, Haris Lekaj and Michelle Hokama are both equal partners and members of the LLC.

In the previous ORIGINAL filing of the LLC you will see that I, Haris Lekaj am the managing partner of this LLC. I stated that I am the registered agent and authorized member of the LLC. I did this as the managing partner as instructed on over the phone by a sunbiz representative with no ill intentions.

This did not mean, nor do I deny that Ms. Hokama is 50% owner of MESTIZA LASER SPA MIAMI LLC.

As of February 26th 2024, Ms. Hokama has attempted to steal my rightful shares by removing access to all my accounts and we are in a legal battle regarding ownership.

As such, the document she presented acting as sole owner of MESTIZA LASER SPA MIAMI LLC is fraudulent within the meaning of Section 817.155, Florida Statute. It was created and delivered in bad faith in an attempt to defraud the state of Florida.

The document filed with the Florida Department of State on April 10th 2024 by Ms. Hokama is fraudulent.

At the moment we are both represented by counsel working towards a buyout. I ask the state to amend this fraudulent document and list both parties as equal owners and/or authorized

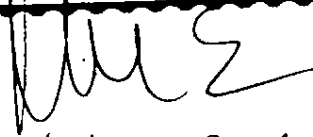
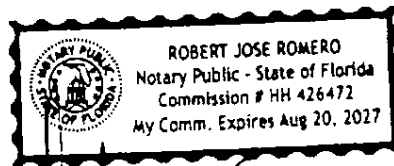
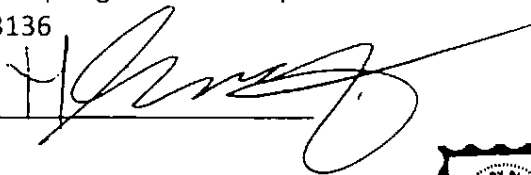
document is submitted jointly by the lawyers of both parties stating a buyout has been completed, I ask the state to not make any more changes.

If there are any questions, I am being represented by the prestigious law firm of Alejandro Brito PLLC and you can contact them anytime at 305.520.7633 or contact me directly.

STATE OF FLORIDA
COUNTY OF DADE

Name: Haris Lekaj
Tel: 646.920.6045
Address: 1005 Spring Garden RD Apt 734
Miami, FL 33136

Signature: _____



Robert J. Romero

2023 MAY 20 PM 2:00
S. L. ...

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

Mestiza Laser Spa Miami 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 _____ and assigned Florida document number L22000161401.

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)

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 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 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> |
|--------------|-----------------|-------------------------|--|
| AMBR | Haris Lekaj | 1005 Spring Garden Road | <input checked="" type="checkbox"/> Add |
| | | APT 734 Miami, FL 33136 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Michelle Hokama | 40 SW 13th Street Miami | <input type="checkbox"/> Add |
| | | FL 33130 Suite 404 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please see the attached notarized document. After this change, please do not make any more changes unless you receive word from a joint letter signed by both parties.

E. Effective date, if other than the date of filing: April 16th, 2024 (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.

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.

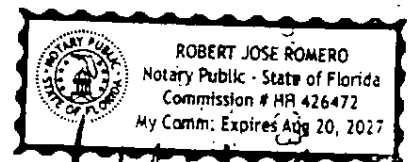
Dated May 15th
05-15-2024 2024

Signature of a member or authorized representative of a member

Harris

Lekaj

Typed or printed name of signer



Robert J. Romero