

L23000126309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Laurenx Merchandise & Shipping, 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:

Phito THELOT  
Name of Person  
Laurenx Merchandise & Shipping, LLC  
Firm/Company  
388 SE 2nd Ave  
Address  
Delray Beach, Florida 33483  
City/State and Zip Code  
phitothelot2022@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phito THELOT at 561 6646494  
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**

Laurenx Merchandise & Shipping 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 03/10/2023 and assigned Florida document number L23000126309.

This amendment is submitted to amend the following:

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

Phito Thelot ( Owner)

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)**

528 NW 48th Ave

Delray Beach, FL 33445

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

528 NW 48th Ave

Delray Beach, FL 33445

**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:

Chesnel Carjuste

New Registered Office Address:

528 NW 47th Ave

*Enter Florida street address*

Delray Beach

Florida 33445

*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 Changing Registered Agent, Signature of New Registered Agent

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

The business has one owner and 2 members.

Phito THELOT is the only owner

Celot Thelot and Kernst Thelot are membres

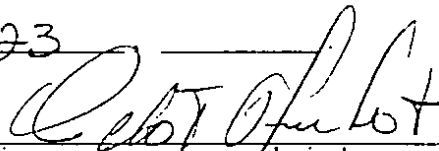
**E. Effective date, if other than the date of filing:** 04-13-2023 (optional)

(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 04-13-2023



Signature of a member or authorized representative of a member

Celot Thelot

Typed or printed name of signee

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

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Owner	Phito THELOT	528 NW 48th Ave Delray Beach FL 33445	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		528 NW 48 Ave Delray	<input type="checkbox"/> Change
MGR	Phito Thelot		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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