

L23000413148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

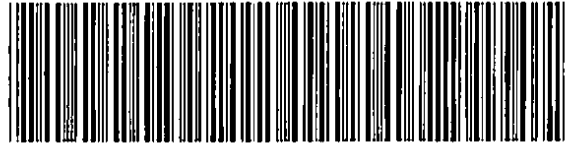
(Business Entity Name)

(Document Number)

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10/26/23--01014--015 **25.00

STATE OF ARIZONA
DIVISION OF CORPORATIONS
2023 OCT 26 PM 12:40

R. HUNT
10/26/23

COVER LETTER

TO: Registration Section •
Division of Corporations

SUBJECT: Lajan Buisness Solutions, 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:

Kateshia Johnson
Name of Person

Lajan Buisness Solutions, LLC
Firm/Company

700 S. Rosemary Ave #204
Address

West Palm Beach, FL 33401
City/State and Zip Code

Kate.johnson@lajansolutions.com
E-mail address: (to be used for future annual report notification)

2023 OCT 26 PM 12:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kateshia Johnson at (561) 806-8481
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	Ashley Valsant	700 S. Rosemary Avenue	<input type="checkbox"/> Add
		Suite # 204	<input checked="" type="checkbox"/> Remove
		West Palm Beach, FL 33401	<input type="checkbox"/> Change
NA	NA	- NA -	<input type="checkbox"/> Add
		- NA -	<input type="checkbox"/> Remove
		- NA -	<input type="checkbox"/> Change
NA	NA	- NA -	<input type="checkbox"/> Add
		- NA -	<input type="checkbox"/> Remove
		- NA -	<input type="checkbox"/> Change
NA	NA	- NA -	<input type="checkbox"/> Add
		- NA -	<input type="checkbox"/> Remove
		- NA -	<input type="checkbox"/> Change
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		- NA -	<input type="checkbox"/> Change
NA	NA	- NA -	<input type="checkbox"/> Add
		- NA -	<input type="checkbox"/> Remove
		- NA -	<input type="checkbox"/> Change

2009 OCT 6 PM 2:40
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 DIVISION OF REVENUE CONTROL

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

~~N/A~~

2023 OCT 26 PM 12:40
DIVISION OF CORP. OPERATIONS
STATE OF OHIO

E. Effective date, if other than the date of filing: October 20th 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 October 20th 2023

Kateshia Johnson
Signature of a member or authorized representative of a member

Kateshia Johnson
Typed or printed name of signee