

L23000413148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

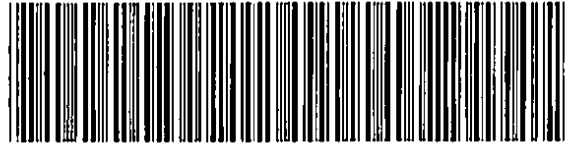
(Business Entity Name)

(Document Number)

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

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)

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32303-6000

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

\_\_\_\_\_  
(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 September 4<sup>th</sup>, 2023 and assigned Florida document number L23000413148.

This amendment is submitted to amend the following:

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

— NA —

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)

— NA —

— NA —

— NA —

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

(Mailing address MAY BE A POST OFFICE BOX)

— NA —

— NA —

— NA —

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DIVISION OF CORPORATE SERVICES

**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:

— NA —

New Registered Office Address:

— NA —

*Enter Florida street address*

— NA —

City

Florida

— NA —

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.*

— NA —

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>	<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
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

2023 OCT 6 PM 2:40  
LIVE  
OFFICE OF THE  
CLERK OF THE  
CITY OF PALM BEACH

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

~~N/A~~

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DEPARTMENT OF STATE  
DIVISION OF CORPORATE AFFAIRS

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

Kateshia Johnson

Signature of a member or authorized representative of a member

Kateshia Johnson

Typed or printed name of signee

Filing Fee: \$25.00