

MI7000000707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

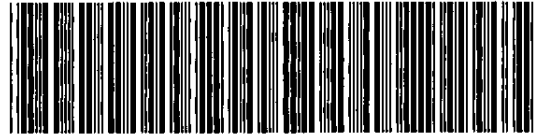
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/18/17--01009--009 **25.00

RECEIVED
2017 APR 17 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
27 MAY -8 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAY 10 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2017

SUSAN CHEMEN
20533 BISCAYNE BLVD SUITE 1326
MIAMI, FL 33180

SUBJECT: LA LOMADA LLC
Ref. Number: M17000000707

We have received your document for LA LOMADA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 817A00007615

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TALLAHASSEE, FLORIDA

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27 MAY -8 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA LOMADA LLC.
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Chemen

Name of Person

Susie Chemen Consulting, LLC.

Firm/Company

20533 Biscayne Blvd. Suite 1326

Address

Aventura - FL-33180

City/State and Zip Code

suchemen@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Chemen

Name of Person

at (305) 469-6873

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: LA LOMADA LLC.

Enter new principal office 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)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

2. The Florida document number of this limited liability company is: MA 000000707.

3. Jurisdiction of its organization: Delaware.

4. Date authorized to do business in Florida: 01-25-2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: Susie Chemen Consulting LLC.

New Registered Office Address: 20533 Pinecove Blvd - Suite 1326

Enter Florida Street Address

Aventura

City

Florida

33180
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.

Susie Chemen
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>DANIEL WALTERSKI</u>	<u>10275 Collins Ave #1411</u>	<input type="checkbox"/> Add
		<u>Bal Harbor - FL-33154</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>LA LOMADA</u>	<u>10275 Collins Ave #1411</u>	<input checked="" type="checkbox"/> Add
	<u>Investments Corp.</u>	<u>Bal Harbor - FL-33154</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

[Signature]
Signature of the authorized representative

Leonard W. Wark

Typed or printed name of signee

Filing Fee: \$25.00