## M17000005170

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cir	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



700341978667

03/13/20--01025--017 \*\*25.00



### **COVER LETTER**

TO:

TO:	Registration Division of	n Section Corporations			
SUBJI	ECT:	Mellifera 17 US LLC			
		Name of Foreign	Limited Lia	bility Co	mpany
Dear S	Sir or Madam	:			
The er	nclosed applic	cation, certificate and fee(s)	are submitted	I for filing	<b>3</b> .
Please	return all con	rrespondence concerning this	s matter to th	e followii	1g:
		Name of Person		_	
		Firm/Company		_	
	<del>-</del> -	Address		_	
	_	City/State and Zip Code		_	
E-m	nail address: (	to be used for future annual	report notific	cation)	
For fu	rther informa	tion concerning this matter,	please call:		
Myriar	n Rastaetter,	Esq.	212 at (	613-2	073
	Nai	ne of Person		le & Dayt	time Telephone Number
	P.O. Box 6	n Section Corporations		Division The Centre 2415 N	address: ration Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810 assee, FL 32303
	Enclosed is Filing Fee 55 (9/15)	s a check for the following : ☐ \$30 Filing Fee & Certificate of Status	amount: □ \$55 Filin Certified	_	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

## 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)

Name of limited liability Company as it appe				
State: Mellifera 17 US LLC	<u>.</u>	<del> </del>	<del> </del>	
Enter new principal office address, if applicable:				~~~
(Principal office address				741 6232
MUST BE A STREET ADDRESS)			7.2	3:
	<del></del>		<i>r</i> ( <u>f</u> _	8
Enter new mailing address, if applicable:				9: k
(Mailing address			•	ئ
MAY BE A POST OFFICE BOX				
		<del> </del>	·-·-	
2. The Florida document number of this limited	liability company	ris: <u>M17000005170</u>	<u> </u>	
3. Jurisdiction of its organization: Delaware				
4. Date authorized to do business in Florida: 06	S/16/2017 ————————————————————————————————————			
SECTION II (5-9 complete only the applicab	le changes)			
		LLC		
5. New name of the limited liability company: (m	ust contain "Limi	ted Liability Compa	ny, " "L.L.C.," or	"LLC.")
			····	
(If name unavailable, enter alternate name adopt copy of the written consent of the managers or must contain "Limited Liability Company." "L.	nanaging member	e of transacting busi rs adopting the alteri	ness in Florida and nate name. The alte	attach a rnate name
6. If amending the registered agent and/or regist registered agent and/or the new registered office	address here:	ess on our records. <u>e</u>	nter the name of the	<u>e new</u>
Name of New Registered Agent: Trent van Ar	kel			
New Registered Office Address: 161 Comme	rce Rd., Ste 3			
New Registered Office Address.		Enter Florida Si	treet Address	
E	Boynton Beach		, Florida 33426 Zip Co	
		City	Zip Ce	ode -
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a the provisions of all statutes relative to the propand accept the obligations of my position as residocument is being filed to merely reflect a chan liability company has been notified in writing of	gent and agree to er and complete gistered agent as p ge in the register of this change.	act in this capacity, performance of my a provided for in Chap	luties, and Lam fan ster 605, F.S. Or, if	uliar with This
- <del></del>		tered Agent, Signatu	ire of New Register	red Agent

itle/ Capacity	<u>Nane</u>	Address	Type of Action
<b>/</b> lgr 	Neil Johnston	161 Commerce Rd., Ste 3	□Add
		Boynton Beach, FL 33426	≡Remo
lgr	Jens Gauthier	161 Commerce Rd., Ste 3	
		Boynton Beach, FL 33426	■Remo
Pres.	Jens Gauthier	161 Commerce Rd., Ste 3	<b>≣</b> Add
		Boynton Beach. FL 33426	□Remo
EO	Trent van Arkel	161 Commerce Rd., Ste 3	
	Boynton Beach, FL 33426	□Remo	
			Add
aforementic	a certificate, if required: no more med amendment(s), duly authent under the law of which this entit	e than 90 days old, evidencing the cicated by the official having custody of record ty is organized.	Remo

Filing Fee: \$25.00

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MELLIFERA 17 US LLC",

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "LAP US

HOLDING LLC" ON THE SECOND DAY OF DECEMBER, A.D. 2019, AT 11:37

O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAP US HOLDING LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2015.



Authentication: 202934980

Date: 05-14-20

5888383 8320 SR# 20203942635