M62201

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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01/30/12--01024--016 **25.00

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SECRITIARY OF STATE TALLAHASSEE, FLORIDA

C.COULLIETTE

FEB 2 0 2012

EXAMINER

COVER LETTER

Division of Cor	porations		
SUBJECT: LANA MA	RKS LTD. INC.		
DEBUTE!		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Lana J Marks	·
		Name of Person	
	Lar	na Marks Ltd, Inc.	
		Firm/Company	
	125 Wo	orth Avenue, Suite 221	
		Address	
	Palm B	each, Florida 33480	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notificat	on)
For further information co	oncerning this matter, please c	all:	
T. TM. I			
Lana J Marks Name of	Person	at (561) 655-3155 Area Code & Daytime Te	elephone Number
ŕ			
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	☐\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Callo Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

STREET/COURIER ADDRESS:

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



February 2, 2012

LANA J. MARKS LANA MARKS LTD, INC. 125 WORTH AVE., STE 221 PALM BEACH, FL 33480

SUBJECT: LANA MARKS LTD, INC.

Ref. Number: M62201

We have received your document for LANA MARKS LTD, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You have used the wrong form for a profit corporation. I have enclosed the proper form for your convenience so that you may complete and return to my attention for filing.

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) 245-6903.

Letter Number: 312A00003818

Cheryl Coulliette Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: LANA MARKS LTD, INC.
DOCUMENT NUMBER: M62201
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LANA J. MARKS
Name of Contact Person LANA MARKS LTD, INC.
125 WORTH AVE GEZZI
PALM BEACH, FL 33480
City/ State and Zip Code Anajmarks @ hotmail. com E-mail address: (to brused for future annual report notification)
For further information concerning this matter, please call:
LANA J, MARKS at (561, 655-315)
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Maiking Address Amendment Section On Division of Corporations On P.O. But 6327 Clifton Building Tallahaesee, FL 32314 Tallahaesee, FL 32301

Articles of Amendment

_	Articles of Incorporation				
LANA	MARKS LTI	O. INC.			
(Name of Corporation as currently	filed with the Florida Dept. of		•		
	02201	•	_		
(Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this <i>Florida Profit</i> (Corporation adopts the following	g amendme	nt(s) t	Ю.
A. If amending name, enter the new name of the	corporation:	,			
			_The new		
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the company of the contact	rp," "Inc," or "Co". A profess	" or "incorporated" or the a sional corporation name must (bbreviation contain the	!	÷
B. Enter new principal office address, if applical	ble:		_		
(Principal office address <u>MUST BE A STREET AI</u>	DDRESS)		至高	12	
			· 58	833	
			· SE	B 20	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	20V)				LED
(muning universe MAT BE A FOST OFFICE E	<u> </u>	 	· FES	*	Ų
			FLORID	9: 2	
			. DE	δ	
D. If amending the registered agent and/or regist new registered agent and/or the new registered		enter the name of the			
Name of New Registered Agent					
	<u>(F</u> lorida street address)				
New Registered Office Address:		, Florida	<u>.</u>		
	(City)	(Zip Code)			
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		the obligations of the position			
: петеоу иссерт те ирропитет из registerea agent	г ат јаттаг wiin апа ассерг	те обиваноть ој те розтоп.			
Signature of	New Registered Agent if changing	10			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones	<u>s</u>		
X Add	<u>sv</u>	Sally Smith	1		
Type of Action (Check One)	<u>Title</u>	<u>N</u>	<u>ame</u>	<u>Addres</u> s	
1) Change Add Remove	PRESI	IDENT_	LANA J. MAR	CKS 125WOR PALM B	TH AVE STEZZ
2) Change Add Remove					
3) ChangeAddRemove					
4) Change Add Remove					
5) Change Add Remove					
6) Change Add Remove			····		

amending or adding additional Articular additional sheets, if necessary).	(Be specific)		
······································			

an amendment provides for an exch	ange, reclassification	. or cancellation of iss	ued shares.
rovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contain	ed in the amendment	itself:
(tj not applicable, materie WA)			
			

The date of each amendment(s) adoption: + + + + + + + + + + + + + + + + + + +
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by" (voling group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated FEBRUARY 11, 2012
Marsh Mark
Signature (By a director, president or other officer – if directors or officers have not been
selected, by an incorporator - if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
MEVILLE S. MARRIS M.D.
(Typed or printed name of person signing)
(Title of person signing)