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#### **COVER LETTER**

TO:	Registration Se- Division of Cor			
	Lazar Interi	ors , LLC		
SUBJ	ECT:	Name of Limi	ned Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Larry Lazar		
			Name of Person	
		Lazar Interiors,LLC		
			Firm Company	
		73 Southwest 12th Avenue	∵ # 109	
			Address	
		Dania, FL,33004		
		design@lazarinteriors.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For fi	irther information c	oncerning this matter, please co	all:	
Adan	n Lazar		954 921-2322 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclo	sed is a check for th	ne 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT FILED

#### TO

### ARTICLES OF ORGANIZATION NOV -2 AM 11:04

SECRETARY OF STATE TALLAHASSEE, FL OF.

Name of the Limit	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
	hability Company were filed on 04/08/2011	and assigned
his amendment is submitted to amend the foll	lowing:	
A. If amending name, enter the new name o	of the limited liability company here:	
N:A	"at Assignation "I I C" or	the abbreviation "L.L.C."
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or	
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE		
	<u> </u>	
(Mailing address MAY BE A POST OFFICE	d/or registered office address on our records, office address here:	enter the name of the ne
Mailing address MAY BE A POST OFFICE	d/or registered office address on our records,	enter the name of the ne
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent an registered agent and/or the new registered	d/or registered office address on our records, office address here:	enter the name of the ne
Name of New Registered Agent:	d/or registered office address on our records, office address here:  N/A	

#### 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.

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>	Name	Address	Type of Action
AMBR	Steve Luzar	1093 Fillmore Drive Boyton Beach, FL 33437	■ Add
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Effective date, if other than the fan effective date is listed, the date mu- Note: If the date inserted in this blocument's effective date on the D	ock does not mee	t the applicable	te of filing or more statutory filing re	(optional han 90 days after filing quirements, this date	) g.) Pursuant to 605.020 e will not be listed a
ne record specifies a delaye The 90th day after the rec	d effective dat ford is filed.	e, but not ar	effective time	e, at 12:01 a.m	. on the earlier o
October 29th		2018	/ /		
		<u> </u>	d representative of a		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00