

L070000014609

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 26 PM 2 57

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LOVERA HOME IMPROVEMENTS, 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:

MIGUEL CORTIJO

Name of Person

Firm/Company

4119 TEE RD

Address

SARASOTA FLORIDA 34235

City/State and Zip Code

MCORTIJO@COMCAST.NET

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

For further information concerning this matter, please call:

MIGUEL CORTIJO

Name of Person

at (**941**)

400-7110

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 26 PM 2:57

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

LOVERA HOME IMPROVEMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FLORIDA SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 26 PM 2:57

The Articles of Organization for this Limited Liability Company were filed on 02/08/2007 and assigned
Florida document number L07000014609.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

3069 ALTA VISTA STREET

SARASOTA FLORIDA 34237

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3069 ALTA VISTA STREET

SARASOTA FLORIDA 34237

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:

New Registered Office Address:

3069 ALTA VISTA STREET

Enter Florida street address

SARASOTA

City

Florida

34237

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ROMINA A. RONDA	3069 ALTA VISTA STREET SARASOTA FLORIDA 34237	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DIEGO RONDA	185 GOLDEN SANDS DR SARASOTA FLORIDA 34232	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

ALSO PLEASE CHANGE THE ADDRESS FOR THE FOLLOWING

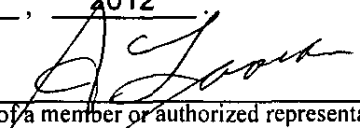
MANAGER MEMBERS:

ALAN M. LOVERA AND SALITRE MELITON

THE NEW ADDRESS IS:

3069 ALTA VISTA STREET, SARASOTA FLORIDA 34237

Dated SEPTEMBER 24TH, 2012


Signature of a member or authorized representative of a member

ALAN M. LOVERA

Typed or printed name of signee