

L13 000 138 456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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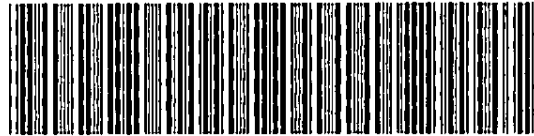
(Business Entity Name)

(Document Number)

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Amend Name  
chg

SEP 21 2020

LAUREN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LRE Construction Services, 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:

Darryl W. Johnston, Esq.

\_\_\_\_\_  
Name of Person

Johnston Law Group, P.A.

\_\_\_\_\_  
Firm/Company

29 S. Brooksville Avenue

\_\_\_\_\_  
Address

Brooksville, FL 34601

\_\_\_\_\_  
City/State and Zip Code

dwj@djohnstonlaw.com

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

For further information concerning this matter, please call:

Darryl W. Johnston

352 796-5124  
at ( )

\_\_\_\_\_  
Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

L.R.E. CONSTRUCTION SERVICES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/01/2013 and assigned  
Florida document number L13000138456.

This amendment is submitted to amend the following:

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

Lar-Ray's II, LLC

The new name must be distinguishable and contain 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)

795 Collany Rd., # 304

Tierra Verde, FL 33715

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

795 Collany Rd., # 304

Tierra Verde, FL 33715

**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:

Susan L. Woolever

New Registered Office Address:

795 Collany Rd., #304,

Enter Florida street address

Tierra Verde

City

Florida 33715

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.

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Frank Vitale	PO Box 10263	<input type="checkbox"/> Add
		Brooksville, FL 34603	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
S	Rosemary Woolever	1115 S. Main Street	<input type="checkbox"/> Add
		Brooksville, FL 34601	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

X  Signature of a member or authorized representative of a member

Typed or printed name of signee