Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this			
	page. Doing so will generate another cover sheet.	j a n ya	<u> </u>
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To:		i	-0
	Division of Corporations	88 2 9	<u>.</u>
	Fax Number : (850)617-6383	; T T T T T	
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From:			
	Account Name : FASTKIT CORP	:- U1	ထဲ
	Account Number : 120100000009	76 <u>~</u>	ហ
	Phone (305) 499-0839	F5	

: (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fax Number

Email	Address:		

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LCM REMODELING SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SEP 0 2 2015

Y SULKER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lcm remodeling services, li	LC	
(Name of the Limited (A	Linbility Company as it now appears on our rec Florida Limited Liability Company)	ords,)
The Articles of Organization for this Limited Liab	ility Company were filed on 10/29/2014	and assigned
Plorida document number L14000168956	·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
LCM PROFESSIONAL SERVICES, LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ile:	
(Principal office address MUST BE A STREET.		
		<u>∨</u>
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William Marian Marian Marian		
Enter new mailing address, if applicable:		g ≥ II
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	<u></u>
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B. If amending the registered agent and/or		ords, enter the name of the ne
registered agent and/or the new registered offic	ce address nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florido street ad	dress
		. Florida
	City	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

Title	<u>Name</u>	Address	Type of Action
MGR	Pernandez, Patricia	7230 NW 114TH AVE #104	□ Add
		DORAL, FL. 33178	Remove
			☐ Change
MGR	Manrique, Luis Carlos	7230 NW 114TH AVE #104	BA66
		DORAL, FL 33178	□ Remove
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Filing Fee: \$25.00