



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

То:	Division of Corporations Fax Number : (850)617-6383		2018 HC	·
From:	Account Name : ACCOUNT BOOKKEEPING CORP Account Number : I20120000055 Phone : (407)898-1757 Fax Number : (407)897-5336	NAY OF ST ASSEELFLO	W 21 AHTI:	
Ente	er the email address for this business entity to be used for future annual report mailings. Enter only one email address please.	NTC NTC	16	

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN T. CLINE LPW CONSTRUCTION LLC 0;1 ä Certificate of Status 0 0 -----Certified Copy EXAMINER Page Count $\mathbf{01}$ \$25.00 2018 N.J.7 2 Estimated Charge

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e: 3 11/21/	2018 08:36 AM 月上	то: 18506176383 FF 800Ю 333 664	30M:561293421 Ó	3		
	,	COVER LETTER				
TO: Registration St Division of Cor						
LPW CON	STRUCTION LLC Name of Lim	ited Liabil:ty Company				
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.				
Please return ail correspe	ondence concerning this matter	to the following:				
	GISELE SOUZA					
		Name of Person				
	ACCOUNT BOOKKEEPI	ING CORP				
		Pinu/Company				
	5301 CONROY ROAD SU	JITE 140				
	··	Address				
	ORLANDO FL 32811					
		City/State and Zip Code			281	
	INFO@ABKCORP.COM	to be used for future annual report notific		<u>~</u> ~~		
the standard in forementions of	e-mail address: (oncerning this matter, please of		auenj		2018 HCv 2	
GISHLE SOUZA	oncerning into matter, prease of	407 898-1757				ſ
	fPerson	at ()	Felephone Number	E.S.	A	Ę
אמשל ס.	1.7.61.8091	лыскаяс тируша			 	
Enclosed is a check for th	ne following amount:					
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &		

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

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

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;	4	11/21/2018	08:36 AM TO:18	506176383 FROM: 56129	34213			
			ARTICLES OF	AMENDMENT				
			•	0				
		ARTICLES OF ORGANIZATION						
			C)F				
		LPW CONSTRUC	TION LLC					
		<u> </u>	ame of the Limited Liability Compa (A Florida Limited	uny as it now appears on our records.) Liability Company)				
						: a		
	he Articles of Organization for this Limited Liability Company were filed on 08/04/2015				and ass	igneo		
Flori	ida do	cument number 11500	0132840					
This	amen	idment is submitted to	amend the following:					
A. I	fame	ending name, <u>enter th</u>	e new name of the limited liab	ility company here:				
					<u>.</u>	20		
The n	iew nai	me must be distinguishable	and contain the words "Limited Liabi	lity Company," the designation "LLC" or B	ie abbreviation "I	L.C. ^{ma}		
Ento		y principal offices add	trues if applicables	8225 PROCIDA ISLE LN		КСÅ		
		• •		WINDERMERE, FL 34786		N		
(Prin	ncipai	<u>l office address MUST</u>	<u> BE A STREET ADDRESS)</u>		<u> </u>			
						=		
				8225 PROCIDA ISLE LN	24			

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:

WINDERMERE, FL 34786

Name of New Registered Agent:		
New Registered Office Address:	8225 PROCIDA ISLE LN	
	Emer Flo	orida street address
	WINDERMERE	, Florida ³⁴⁷⁸⁶
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MBR	RIBEIRO MACHADO, DIEGO	12831 GRACEHILL LANE WINDERMERE, FL 34786	🗆 Add
			Remove
			Change
MBR	PONCE ROMERO, ALCIDES ENRIQUE	8225 PROCIDA ISLE LN WINDERMERE, FL 34786	Add
			C Remove
			Change
AMBR	FREITAS, PRISCILA MARIA	8225 PROCIDA ISLE LN WINDERMERE, FL 34786	🗆 Add
			CRemove
			🖬 Change
MBR	TAMIASSO DA SILVA, THIAGO	8225 PROCIDA ISLE LN WINDERMERE, FL 34786	🗆 Add
			Remove
			Change
AMBR	Luciano Alves Da Silve	WINDERMERE, FL 34786	Add
			Change N 2
			Change ACV
			E.Changeon

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

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Effective	e date, if other than the date of	oific and cannot be prior to d	ate of filing or more th	(optional) an 90 days atter filing.) Pr uirements, this date wi	urstaat to 605.02 Il not be listed	207 (3)(b) as the
<u>Note:</u> If documen he recou The 9	f the date inserted in this block doe nt's effective date on the Departme and specifies a delayed effect ofth day after the record is t	ent of State's records. Stive date, but not a filed.		, at 12:01 a.m. on		of:
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