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(Requestor's Name)
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SECRETARY OF STATE SALL AHASSEF FLOOD

## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
LAVOI SUBJECT:	E FARM LLC		
	Name of Lin	nited Liability Company	<del></del>
	s of Amendment and fee(s) are sub	ū	
Please return all corre	espondence concerning this matter	to the following:	
	JASON E LAVOIE		
	•	Name of Person	
	LAVOIE FARM LLC		
	<del></del>	Firm/Company	
	IIII SUNFLOWER TRA	ıll	
		Address	
	ORLANDO, FL 32828		
	JLAVOIE1973@GMAIL.C	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
_	on concerning this matter, please c	all: at ( <u>407</u> ) <u>683</u> Area Code Daytim	-7053
U Ran	ne of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	e □ \$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 Ade	lress.	Street Address	

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

LAVOIE FARM LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number    L16000051491	were filed on 03/14/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
LAVOIE CONTRACTORS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	202 AL
indicated in the second of the	-	ECRETAN LAHASS
Enter new mailing address, if applicable:		me • · ·
(Mailing address MAY BE A POST OFFICE BOX)		Fo.
		ORIDATE 35
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>ent</u>	,,,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		Florida
<del></del>	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

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>	Address	Type of Action
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	<del></del>		□ Add
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iocumen	nt's effective date or	n the Department	or State's reco	oras.					
record s	specifies a delayed (	effective date, but	not an effecti	ve time, at 12	:01 a.m. on the	earlier of: (b)	The 90th	day afte	er the
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Filing Fee: \$25.00