

11/13/2017

217000005880

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC
Account Number : I20160000060
Phone : (407)674-8969
Fax Number : (407)674-8970

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J. LEGGETT
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Corporate Filing Menu

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
LECTUS DESIGN LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 01/09/2017 and assigned Florida document number .

Florida document number: L17000005880.
EIN Number: 32-0515058

Article I

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Article II

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Article IV

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:

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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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	Name	Address	Type of Action
AMBR	GUERZONI, CESAR ALEXANDER	3115 TOCOA CIRCLE	REMOVE <input type="checkbox"/>
		KISSIMMEE, FL 34746	ADD <input checked="" type="checkbox"/>

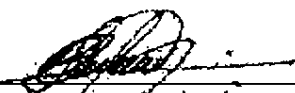
Title	Name	Address	Type of Action
AMBR	AERO HOMES LLC	3115 TOCOA CIRCLE	REMOVE <input checked="" type="checkbox"/>
		KISSIMMEE, FL 34746	ADD <input type="checkbox"/>

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

E. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: November 13, 2017



Signature of a member or authorized representative of a member

DANILO SANTANA
Typed or printed name of signee

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TALLAHASSEE, FLORIDA