LIFCCCO46244

(I	Requestor's Name)
(,	Address)
(/	Address)
(1)	City/State/Zip/Phone #)
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	Business Entity Name)
	Document Number)
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JUN 3 2019 FALERTITON

COVER LETTER

TO: Registration Sec Division of Corp	tion orations		
LPA Construction LLC Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Leandro De Paulo Anunciato			
The enclosed Articles of a	Amendment and fee(s) are submit	ted for filing.	
Please return all correspon	ndence concerning this matter to t	the following:	
	Leandro De Paulo Anunciato		
		Name of Person	·····
	LPA Construction LLC		
		Firm Company	
	6607 Winfield Blvd #41		
		Address	
	Margate FL 33063		
	Landragnunciato2015@gmai	City/State and Zip Code	
	E-mail address: (to) be used for future annual report notifica	tion)
La factor information			
		754 2485767	
		Area Code Daytime T	elephone Number
			•
Enclosed is a check for	the following amount:		m egg og Villing For
		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Taliahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LPA Construction 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 Comp	oany were filed on 02/2	7/2017	and assigned
Florida document number L17000045244			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited I	liability Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
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)		•	
			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:	<u>hcre</u> :	our records, <u>enter</u>	
New Registered Office Address:	Finter Florid	a street address	
	Ciţy	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ag-	<u>ent:</u>		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of m as provided for in Ch	y duties, and I am fo apter 605, F.S. Or.	amiliar with and if this document is
Īf (Changing Registered Ager	nt, Signature of New Re	gistered 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>	Type of Action
MGR	Larissa Nonni	6607 Winfield Blvd #41, Margate FL 33063	= Add
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Note: If the date inserted in	ite must be specific and cannot be p	plicable statutory filing requ	(optional) n 90 days after filing) Pursuant to 6 irements, this date will not be h	05,0207 sted as l
e record specifies a de The 90th day after th	layed effective date, but e record is filed.	not an effective time,	at 12:01 a.m. on the ear	lier of
May 05	2019		,	
/mcd		78/10/)/	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00