## 117000177045

(Re	questor's Name)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: LT CONSTRUCTION & RENOVATION SERVICES LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MARIA C SOUSA	
Name of Person	
SOUSA & ASSOCIATES INC	
Firm/Company	
7345 W SAND LAKE RD - STE 304	
Address (7)	てにて
man and the second of the seco	1
ORLANDO, FL 32819  City/State and Zip Code	C
ORLANDO, FL 32819  City/State and Zip Code  CAROL © SOUSAN ASSOCIATES. COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
14 Pm2 1 A 10 SQUISA	
MARIA C 80USA  at (407) 800 70 28  Name of Person  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee,	

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

ľ.

Certificate of Status

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

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	RENOVATION SERVICES LLC y as it now appears on our records.) lability Company)				
The Articles of Organization for this Limited Liability Company of Florida document number <u>L17000177045</u> .	were filed on OS/18/2017 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	ity company here:				
TAG MOTORS LLC					
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	929 W LANCASTER RD				
(Principal office address MUST BE A STREET ADDRESS)	g ORLANDO, FL 32809				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address here:					
Name of New Registered Agent:	7 20 10 10 10 10 10 10 10 10 10 10 10 10 10				
New Registered Office Address:					
	Enter Florida street address				
•	City Zip Code				
New Registered Agent's Signature, if changing Registered Agent:	: 2				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	verformance of my duties, and I am familiar with and vovided for in Chapter 605, F.S. Or, if this document is				

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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MGR	LELIS	N OR		
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record spec he 90th da	cifies a delaye y after the re	ed effective cord is filed	date, but n	ot an effect	cive time, at	12:01 a.m. c	on the earlie
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Page 3 of 3

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