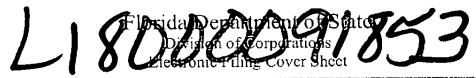
Fax: (306) 615-1371

Fax: (850) 617-6383 Division of Corporations

Page 1 of 5 05/17/2018 1:52 PM



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From:

Account Name : MARTINEZ LAW GROUP, PLLC.

Account Number : 120170000062 Phone : (305)454-5864

: (305)454-5808 Fax Number

**Enter the email address for this business intity to be used for futifie annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEC RENOVATIONS & DESIGNS, LLC.

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From: Baldy Martinaz

Fax: (305) 615-1371

Fax. (850) 817-8383

To:

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COVER LETTER

H18000 1538353

TO:	Registration Se Division of Cor		·	
01 (D.1E)	****	VATIONS & DESIGNS, LLC		
SUBJEC	C1:	Name of Limi	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		JEISSA MARTINEZ, ESQ).	
		<u> </u>	Name of Person	
		MARTINEZ LAW GROU	P, PLLC.	
		- 	Fini/Company	
		1999 S.W. 27th Avenue, 1s	st Floor	
			Address	
		Miami, Florida 33145		
		<u></u>	City/State and Zip Cody	
		jm@martinezlawg.com		
		·	to be used for future annual report notif	neution)
For f ur ti	her information c	oncerning this matter, please or	ill:	
Jeissa N	Aartinez		305 454-5804 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclose	d is a check for the	ne following amount:		
\$ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55,00 Filing Fer & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:	STREET/COURI Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

H180001538353

From, Baldy Martinez	Fax: (306) 615-1371	To:	Fax: (850) 817-8383 Page 3 of 5 05/17/2018 1:52 PM	
			H 18 000 153 835 3	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

LEC RENOVATIONS & DESIGNATIONS AND DESIGNATIONS AND DESIGNATIONS OF THE LINE O	ted Liability Compar (A Florida Limited L	ny as it now appear	s on our record	Ŋ
·	(V Flourer Pinning P	лыниу Сонциоу)		
he Articles of Organization for this Limited L	iability Company	were filed on 04/	11/2018	and assigned
forida document number L18000091853		e e o o o o o o o o o o o o o o o o o o		
his amendment is submitted to amend the fol	lowing:			
If amouding name, enter the new name o	of the limited liabi	lity company he	re:	
LEMENT RENOVATIONS & DESIGNS, LLC				
he new name must be distinguishable and contain the	words "Limited Liabili	ity Compuny," the d	C.L.P' noinsngia	or the abbreviation "L.L.C."
later new principal offices address, if appli	cable:	9471 N.W. 45 S	treet	, .
Principal office address MUST BE A STREET ADDRESS)		Doral, Florida 3	3178	15 CO
•				<u> </u>
inter new mailing address, if applicable:			trect	整二面
·	PAY	Foral, Parida 3	3 178	
Mailing address MAY BE A POST OFFICE BOX)				و بال
				ς. (ξ) Ε
d. If amending the registered agent and egistered agent and/or the new registered of			our records	, enter the name of the ne
Name of New Registered Agent:	Andrea Tejada	/ c		
New Registered Office Address:	9471 N.W. 45 S	treet ⁶		
LIETT IN THINKING VALUE AND SHEET		Fater Flor	idu streșt addros.	1
	Dotal		, Fla	orlda 33178
			··································	

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.

a Agent, Signature of New Registered Agent

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: ii:	4 3:	<u>.</u> i.

From: Baldy Martinez	Fax: (305) 815-1371	To:	Fax: (850-817-8383	Page 4 of 5 05/17/2018 1:52 PM	
			H 12000)	53835 3	

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 = Anthorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Edward JMartinez Colon	10381 S.W. 224 Terrace	D Add
		Cutler Bay, FL 33190	■ Ramoye
			☐ Change
MGR	Luisa F. Escobar	10301 S.W. 224 Prince	
		Cutler Bay, FL 38 90	■ Remove
		,	☐ Change
MGR	Edward J. Martinez Colon	#71 t Culle 44	G Add
		Fairviow, San Juan PR 00926	O Remove
MGR	Luisa F. Escobar	#711 Calle 44	Add C
		Fairviow, San Juan PR 00926	∰ià □ Remove
			☐ Change
		on the State	
		51	☐ Remove
		·	_ Change
		<u></u>	
			□ Remove
			□ Change

Page 2 of 3 + 18 000 153835.3

From, Baldy Martinez	Fax: (305) 815-1371	Tø:	Fax: (850) 817-6383	~ 50 go 8 of 5 (05/17/2018 7:52 PM 835-
1) If amore	ding any other informs	tion, enter change(s) here: (Attach additiona	I sheets, if necessary.)
I). Il sinci	ung any other meeting	,		

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				grid Car
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			1	
				
E. Effective of	date, if other than the	date of filing:	prior to date of filing or more than	(optional) 190 days after filing.) Pursuant to 605,0207 (3)(b)
Note: It to	e date inserted in this blue of fective date on the De	ek does not meet me af	sbuenoje araimot), umrik tedati	rements, this date will not be listed as the
gocument	s effective date on the re-	Pat uncan of State & rect	orda.	
If the record	specifles a delayed	effective date, but	not an effective time, a	at 12:01 a.m. on the earlier of:
(b) The 90t	h day after the reco	rd is filed.		
	0 1	201	ð	
Dated	Hpril 22	,		
	Luise	, Fola E	puthorized corresentative of a men	mber
	s	gnature of a member or a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			F. ESCOBAR	
		Typed or p	rinted name of sign '9	

Page 3 of 3

Filing Fee: \$25.00

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