118000102461

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(ке	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Eiling Officer	_
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Office Use Only



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DIVISION OF CORPORATIONS

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COVER LETTER

Division of Corp	orations		
SUBJECT:	ALL REMODELING	CONCEPTS BY L&K, LLC.	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		KENIA D VELAZQUEZ	
		Name of Person	_
	ALL REMODE	LING CONCEPTS BY L&K, LLC.	
		Firm/Company	
	510	S ABERDEENSHIRE DR	
		Address	
	S.	AINT JOHNS, FL 32259	
		City/State and Zip Code	
		ZPONCEDELEON@YAHOO.COM	
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	neerning this matter, please ea	ıll:	
KENIA D. VELAZQUEZ		786 908-3299 at ()	
Name of	Person		Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$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 ADDRESS:

Registration Section

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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL REMODELING CONCEPTS BY L&		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability (Florida document number L18000102461	Company were filed on 04/24/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		S S
(Principal office address MUST BE A STREET ADD	RESS)	Since Since
		OFF TO THE
Enter new mailing address, if applicable:		CORPOR S
(Mailing address MAY BE A POST OFFICE BOX)		9 55
William & William De 71 1 001 01 11 CE DOT		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	33.
	ប	orida
	City	Zip Code

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

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
VP	LENIN J. ZUNIGA	510 S ABERDEENSHIRE DR	≅ Add
		SAINT JOHNS, FL 32259	□ Remove
			☐ Change
SEC	JULIO C. VELAZQUEZ	510 S ABERDEENSHIRE DR	₩ Add
		SAINT JOHNS, FL 32259	□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			Remove
			□ Change

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KAY
a 5
<u> </u>
(optional) O days after filing.) Pursuant to 605.6 ements, this date will not be listed
: 12:01 a.m. on the earlie

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00