## 118000 263 152

(Requestor's Name)	
(Address)	
(Address)	<u> </u>
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	tatus
Special Instructions to Filing Officer:	

Office Use Only



100331592931

C. M. P -- G.



ULSINI TROPPER

## **COVER LETTER**

TO:	Registration Se Division of Cor			
61110.10	AR Design	& Construction, LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Cristina Chaljub		
			Name of Person	
		Lucid Builders, LLC		
			Firm/Company	
		710 NW 25th Street		
			Address	
		Miami, Fl. 331227		
			City/State and Zip Code	
		cristina@lucid-db.com		
		E-mail address: (	to be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please ea	all;	
Cristina	. Chaljub		305 746-1717	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## AFFIDAVIT FORM

The within named person (Affiant), Andrew Rasken	, who is a resident
of Miami-Dade County, State of Florida	
before me, the undersigned Notary Public, and make	s this his/her statement, testimony and General
Affidavit under oath or affirmation, in good faith, and	d under penalty of perjury, of sincere belief and
personal knowledge that the following matters, facts,	, and things set forth are true and correct, to the
best of his/her knowledge:	
I have no intention of revoking the dissolution for Lucid Builde the name for use by another entity.	ers, LLC, document #: L19000161060. We are releasing
	7/22/40
	7/22/19
Signature of Affiant	Date
ACKNOWLEDGEMENT OF NOTARY  STATE OFFlorida  COUNTY OFMiami-Dade	
Subscribed and sworn to, or affirmed, before me on t	this 22 day of
July , 20 19 by Affiant	
Andrew Rasken	<b>~</b>
Signature of Notary Public:  My Commission Expires: 4 12 22	)
	Notary Public State of Florida Cristina Chaljub My Commission GG 207035

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AR Design & constyliction Lic (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 Company were filed on 11/09/2018		and assigned		
Florida document number <u>L18000263152</u>	<u>.</u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
Lucid Builders, LLC				
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designat	ion "L1.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u></u>	<u> </u>		
		<u> 9</u>		
Enter new mailing address, if applicable:				
		- 111		
(Mailing address MAY BE A POST OFFICE BOX)				
	<del></del>	<u> </u>		
D. 16 and the second and a second as a second	185	ēr <b>⇔</b>		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses.		records, enter the name of the no		
Name of New Registered Agent:				
Nume of New Registered Figure.				
New Registered Office Address:				
	Enter Florida str	Enter Florida street address  , Florida  City Zip Code		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent are provisions of all statutes relative to the proper and confidence the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my di ent as provided for in Chapto	ities, and I am familiar with and er 605, F.S. Or, if this document is		

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 add\_or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Change
	<del></del>		
			Remove
			☐ Change
			Add □ □ Æ
			Add  Remove 7;
			Change 7
	<del></del>		Change T
			□ Remove
			☐ Change
			Remove
			Change
	4		
			☐ Remove
			□ Change

		<del></del>
	20	19
		<del></del>
	<u>:</u>	- <u>-                                  </u>
	**	
1885		_ <u>``</u>
		دى چى
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more ote:  If the date inserted in this block does not meet the applicable statutory filing recument's effective date on the Department of State's records.	(optional) e than 90 days after filing.) Pursu requirements, this date will no	ant to 605.020 of be listed a
e record specifies a delayed effective date, but not an effective tim The 90th day after the record is filed.	ne, at 12:01 a.m. on th	e earlier o
ated <u>July</u> 3'd <u>2019</u> .		
Signature of a member or authorized representative of		

Page 3 of 3

Filing Fee: \$25.00