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FEB 1 8 2019 S. YOUNG



# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LRI) Construction LCC
SUBJECT: 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:
Leorda Leol Name of Person
Name of Person
221) Costor LLC Firm/Company
2703 Lemon True LN Address
Address
Orbudo Amila 32835 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lepuciano Lesi at (321) 419-6733  Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Englosed is a check for the following amount:    Solution   Soluti

## MAILING ADDRESS:

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**

	motion LLC
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L19.6600/68</u> 78	ny were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	13 PH 1
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 b	office address on our records, enter the name of the never nere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida sireet address
	, Florida
	, 1 1011444

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, enter the title, name, and address of each person being address or removed from our records:

	Manager	•
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Resolvado Rois	2703 Lemon True LN	Add
		2703 Lemon Tree LN Orbude Clarda 32839	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
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			Add
			Remove
			Change

E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pune Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	arsuant to 605.0207 Il not be listed as
If the record specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on (b) The 90th day after the record is filed.	ı the earlier of
David 2/11 . 2019	
Dated	
	<u></u>
Signature of a member or authorized representative of a member	
Lesuda Led	

Page 3 of 3

Filing Fee: \$25.00