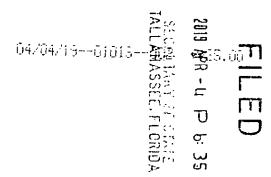
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COVER LETTER

TO:	Registration Se Division of Cor		•		
elib i		ICOLN CONSTRUCTION 8	RESTORATION LLC		
SUBJ	ECV:	Name of Lin	Name of Limited Liability Company		
The er	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			DEYANIRE GONZALEZ		
		ALL AMERICA	Name of Person N CORPORATE & IMMIGRATION	SERVICES LLC TALLAHA	:1
			Firm/Company	AH,	
		950 S PINE ISLAND	RD A-150 SUITE 1003	13.00 10.00	F
Address				7	Ü
		Sign of			
			City/State and Zip Code DEYANIRE@MYBURS.NET		
E-mail address: (to be used for future annual report notification)				itication)	
For fu	rther information c	oncerning this matter, please c	all;		
DEYA	NIRE GONZALE	Z	305 9108081		
	Name o	f Person		ne Telephone Number	
Enclos	sed is a check for th	ne following amount:			
■ \$2	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)	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LINCOLN CONSTR	RUCTION & RESTORATION	N LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears (i Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C Florida document numberL19000024415	ompany were filed on	01/23/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here	;:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the desi	gnation "LLC" or the abb	
Enter new principal offices address, if applicable:		<u>ک</u> کر ا ا	28:3
Principal office address MUST BE A STREET ADDI	RESS)	AHASS	国
Enter new mailing address, if applicable:			D D
Mailing address MAY BE A POST OFFICE BOX)			in ω The second
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		our records, <u>enter t</u>	the name of the no
New Registered Office Address:	Enter Florida	ı street address	
		, Florida	
	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, 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>	<u>Address</u>	Type of Action
MGR	GIANNOCCARO, JOAQUIN	2341 NW 187TH AVE PEMPROKE PINES, F 33029	Add
			■ Remove
		-	□ Change
			Add
			Remove
			Change
			Add
			☐ Remove
			Change Change
			F C D Change
			Remove
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			Remove
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D. If amending any other informat						
						
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<u> </u>					TALL	2015
					AND THE STATE OF T	APR -
	 				ABSS.	<u>-</u> [i
					FLORID	ਰ_ ਦ
E. Effective date, if other than the	date of filing:			(a	7>	မာ
E. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this ble document's effective date on the De	be specific and can ock does not meet	the applicab	date of filing or de statutory fili	more than 90 days	after filing.) Purst	iant to 605,020 iot be listed a:
If the record specifies a delayed (b) The 90th day after the reco		, but not	an effective	time, at 12:0)1 a.m. on th	ne earlier o
Dated MARCH 26TH	21	019	_ •			
€ 3	, -					
	Signature of a mem	ber or authori	red representation	e of a member		
	110	11.5	School	ari.		

Page 3 of 3

Filing Fee: \$25.00