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## **COVER LETTER**

**Division of Corporations** LUKAS CONSTRUCTION LLC 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: MIKE MILLER Name of Person LUKAS CONSTRUCTION LLC Firm/Company 605 FLORIDA ST Address ORLANDO FL 32806 City/State and Zip Code MMILLER.HIGHLAND@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 832-0573 MIKE MILLER Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55,00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 ARTICLES OF ORGANIZATION **OF**

LUKAS CUNSTRUCTION LLC		4. )
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	<u>us.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L19000148652	were filed on JUNE 4TH 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		75. <b>19</b>
Enter new mailing address, if applicable:		JUN 27
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered o	ffice address on our record	s, enter the name of the
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent: W/H	· 	
New Registered Office Address:	Enter Florida street addres	xs
	, F1 City	oridaZip 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 wit 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 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Act
MGR	MICHAEL MILLER	605 FLORIDA ST	
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		ORLANDO, FL 32806	
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Filing Fee: \$25.00