## L19000305116

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





100413018041

07/31/23--01024--017 \*\*60.00

10 (01.17 - 10 10.00 Ed.)

A. RIVERS AUG 27 2023

## **COVER LETTER**

Tallahassee, FL 32314

TO:

|               | gistration Sec<br>vision of Corp |  |   |   |  |  |
|---------------|----------------------------------|--|---|---|--|--|
| endirer.      | LJ INSTAL                        | L & RENOVATION GROUP                         | LLC.  |   |  |  |
| SUBJECT:      |                                  | Name of Lim                                  | ited Liability Company  | <del></del>   |  |  |
| The enclose   | d Articles of a                  | Amendment and fee(s) are sub                 | mitted for filing.  |   |  |  |
| Please returi | all correspoi                    | ndence concerning this matter                | to the following:   |   |  |  |
|               |                                  | OSCAR E. DE LEON                             |   |   |  |  |
|               |                                  |  | Name of Person  |   |  |  |
|               |                                  | LJ INSTALL & RENOVA                          | TION GROUP LLC.   |   |  |  |
|               |                                  |  | Firm/Company  |   |  |  |
|               |                                  | 108 OAXACA LANE                              |   |   |  |  |
|               |                                  | <del></del>                                  | Address   |   |  |  |
|               |                                  | KISSIMMEE,FL 34743                           |   |   |  |  |
|               |                                  | LJIARGROUP@GMAIL.C                           | City/State and Zip Code   |   |  |  |
|               |                                  |  | to be used for future annual report notif                           | ication)  |  |  |
| For further i | nformation co                    | oncerning this matter, please ca             | all:  |   |  |  |
| OSCAR E.      | DE LEON                          |  | 407 655-7592  |   |  |  |
|               | Name of                          | Person                                       |   | : Telephone Number  |  |  |
| Enclosed is a | check for the                    | e following amount:                          |   |   |  |  |
| □ \$25.00 I   | iling Fee                        | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |
|               | iling Address                    |  | Street Address:   | tion  |  |  |
|               | gistration S<br>vision of Co     |  | Registration Section Division of Corporations                       |   |  |  |
|               | ). Box 6327                      |  | The Centre of Ta  |   |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LJ INSTALL & RENOVATION GROUP LLC.                                   |       |
|--|-------|
| (Name of the Limited Liability Company as it now appears on our reco | rds.) |

| (A Florida Limited   | Liability Company)   |  |  |
|--|--|--|--|
| The Articles of Organization for this Limited Liability Company  | were filed on FEB. 04, 2023  | and assigned   |  |
| Florida document number 49 000 305 116   |  |  |  |
| This amendment is submitted to amend the following:  |  |  |  |
| A. If amending name, enter the new name of the limited liab  | pility company here:   |  |  |
| The new name must be distinguishable and contain the words "Limited Liab   | ility Company," the designation "LLC" o  | r the abbreviation "L.L.C."                          |  |
| Enter new principal offices address, if applicable:  | 722 PATRICK ST. UNIT 204   |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | KISSIMMEE, FL 34743  |  |  |
| Enter new mailing address, if applicable:  | 108 OAXACA LANE  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | KISSIMMEE. FL 34743  | 23   |  |
|  |  |  |  |
|  |  | .73 3 \  |  |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  | address on our records, <u>enter th</u>  | e name of the new register                           |  |
| <del>-</del>   |  |  |  |
| Name of New Registered Agent:  |  | · · · · · · · · · · · · · · · · · · ·                |  |
| New Registered Office Address:   |  |  |  |
|  | Enter Florida street address   | la   |  |
|  | , Flori  | da<br>Zip Code                                       |  |
| New Registered Agent's Signature, if changing Registered Agent:  | •  | •  |  |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as<br>being filed to merely reflect a change in the registered office<br>company has been notified in writing of this change. | ree to act in this capacity. I furth<br>performance of my duties, and i<br>provided for in Chapter 605, F.S. | I am familiar with and<br>S. Or. if this document is |  |
| If Cha   | nging Registered Agent, <u>Signature of N</u>  | ew Registered Agent                                  |  |

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | Address                             | Type of Action |
|--------------|-------------------|-------------------------------------|----------------|
| MGR          | VICTOR A. SAVINON | 2610 DECK AVE., KISSIMMEE, FL 34743 | DAdd           |
|              |                   |                                     | Remove         |
|              |                   |                                     | Change         |
|              |                   |                                     | 🗆 Add          |
|              |                   |                                     | □Remove        |
|              |                   |                                     | □Change        |
| <del>-</del> |                   |                                     | □Add           |
|              |                   |                                     | □Remove        |
|              |                   |                                     | □Change        |
|              |                   |                                     | 🗀 Add          |
|              |                   |                                     | 🗆 Remove       |
|              |                   |                                     | □Change        |
|              |                   |                                     | □Add           |
|              |                   |                                     | Remove         |
|              |                   |                                     | □Change        |
| <del></del>  | <del></del>       |                                     | 🗆 Add          |
|              |                   |                                     | □Remove        |
|              |                   |                                     | 🗆 Change       |

|                       | <del></del> -   |                      | <del></del>                            |                      | ***                   | <del></del>                                  |              |
|-----------------------|---|----------------------|--|----------------------|-----------------------|--|--------------|
|                       |   |                      |  |                      |                       |  |              |
|                       |   |                      |  |                      |                       |  |              |
|                       |   |                      |  | <u> </u>             |                       | <u>.                                    </u> |              |
|                       |   | <u> </u>             | ···                                    | <del></del>          |                       |  |              |
|                       |   |                      | · 15                                   |                      |                       |  |              |
|                       |   | ····                 | ······································ |                      |                       |  |              |
|                       |   |                      |  |                      |                       |  |              |
|                       |   |                      |  |                      |                       |  | <del></del>  |
|                       |   |                      | <del></del>                            |                      | ····                  | <u>.</u>                                     |              |
|                       |   |                      |  | <u> </u>             |                       | <del>-</del>                                 | <del>-</del> |
|                       |   |                      | <del>-</del>                           |                      |                       |  |              |
|                       |   |                      |  |                      |                       |  |              |
|                       |   |                      |  |                      |                       |  |              |
|                       |   |                      |  |                      |                       |  |              |
|                       |   |                      |  | <del></del>          |                       |  |              |
|                       | <del></del> -   |                      |  |                      |                       |  | <del></del>  |
|                       |   |                      |  |                      |                       |  |              |
|                       |   | _                    |  |                      |                       |  |              |
|                       | <del> </del>  | ·                    | <u> </u>                               |                      |                       | · · · · · · · · · · · · · · · · · · ·        |              |
| ffective              | date, if other than t                                       | he date of filing    | 7/21/2023                              |                      | loni                  | ional)                                       |              |
| an effecti            | re date is listed, the date in<br>the date inserted in this | nust be specific and | cannot be prior to                     | date of filing or mo | re than 90 days after | er filing ) Pursuant to                      | 605.020      |
| ocument               | s effective date on the                                     | Department of S      | state's records.                       | c statutory ming     | requirements, tr      | us date will not be                          | nsted as     |
|                       |   |                      |  |                      |                       |  |              |
| ecord sp<br>is filed. | ecifies a delayed effect                                    | tive date, but not   | an effective time                      | , at 12:01 a.m. o    | n the earlier of: (   | b) The 90th day a                            | after the    |
|                       | <b>\</b> (  | - 1984               |  |                      |                       |  |              |
| ated                  | July  | 2(3h                 | 2023                                   |                      |                       |  |              |
|                       | ,   | $\left( \right) $    | -                                      |                      |                       |  |              |
|                       | <del></del>   | Signature of a r     | nember or authoriz                     | ed representative of | f a member            | <del></del>                                  |              |
|                       |   |                      |  | ,                    |                       |  |              |
|                       |   | I \                  |  |                      |                       |  |              |

Filing Fee: \$25.00