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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 imig Officer.





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Name Change

COVER LETTER

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TO: Registration Section Division of Corporations					
SUBJECT: L) Cor		d Liability Company	LLC_		
The enclosed Articles of Amendment	and fee(s) are subm	sitted for filing.			
Please return all correspondence conc	erning this matter to	the following:			
Jac	Kson	Polidore Name of Person	·		
LJ	Contru	Etim/Company	ices_		
29	31 Nã	33rd War	<u> </u>		
Lan	iderde	ale Lakes, F City/State and Zip Code	1 33311		
ن ۲	Olidor E-mail address: (to	be used for Juture annual report notif	COYD	12 .	- 5,4,.
For further information concerning th	is matter, please cal	1:		20 APR	
Jackson Person	ulidor	at (ASY) 850 Area Code Daytime	13814 Telephone Number	8 20 AMII: 31	10-18-10-35 10-10-52-35
Enclosed is a check for the following	amount:			ம ஸ	AT 5
-	Filing Fee & ticate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy Gadditional copy is enclose		<i>:</i> **

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LZOOGOO 841.3</u> C	were filed on 317200 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liable Land Construction Service The new name must be distinguishable and contain the words "Limited Liable Enter new principal offices address, if applicable:	ies.LIC
(Principal office address MUST BE A STREET ADDRESS)	Lauderdale Lakes, Fl 33311
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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 the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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. Thereby confirm that the limited liability company has been notified in writing of this change.

Ciiv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
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Filing Fee: \$25.00