## L21000086405

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

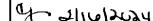
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1092-6206-611-2311



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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	OR LUCIEN LLC	ited Liability Company		
	Name of Lim	ней спаниту сопрану		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	YVELOR LUCIEN			
		Name of Person		
		Firm/Company		
	612 ANDERSON CIRCLE	E APT 108		
		Address		
	DEERFIELD BEACH FLO			
	lydoconstruction@gmail.co	City/State and Zip Code		
		to be used for future annual report noti-	fication)	
For further information c	oncerning this matter, please ca	all:		
Yvelor lucien		+1 9549286218 at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Addres		Street Address: Registration Sec	ction	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



December 15, 2023

YVELOR LUCIEN 612 ANDERSON CIRCLE APT 108 DEERFIELD BEACH, FL 33441

SUBJECT: Y.L. YVOLOR LUCIEN, LLC

Ref. Number: L21000086405

We have received your document for Y.L. YVOLOR LUCIEN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must contain the original date of filing/authorization in Florida.

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 823A00028575

Claretha Golden Regulatory Specialist II

www.sunbiz.org

Division of the property of th

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Y.L. YVOLOR LUCIEN LLC		2024 JULI 16 KII 7: 49
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L21000086405	oility Company were filed on 02/22/2021	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
LYDO CONSTRUCTION AND INVESTMENTS S	ERVICES	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	<del> </del>
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	<del>*************************************</del>	
B. If amending the registered agent and/or reg agent and/or the new registered office address l		e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	da

## 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.

City

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 **Type of Action** Address Title Name \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove □Remove □Remove □Change Remove

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D.44	11/27/2023
Effec (If an e	tive date, if other than the date of filing: (optional)  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ment's effective date on the Department of State's records.
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is f	îled.
Dated	11/27/2023
	$\overline{c}$
	the state of the s
	Signature of a member authorized representative of a member
	Yvelor lucien  Typed or printed name of signee