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COVER LETTER

TO:	Registration So Division of Cor			
er:b r		OORING & RENOVATION, I	LC	
SUBJ	ECT:	Name of Lin	nited Liability Company	
The er	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			LUIS MATA	
			Name of Person	
		LJ FL	OORING & RENOVATION, LLC	:
			Firm/Company	
		781	5 NW 104 AVE, APTO 25	
			Address	
			DORAL, FL. 33178	
			City/State and Zip Code	
			SYGAMEROM@GMAIL.COM to be used for future annual report noti	Gastian
For fur	ther information c	oncerning this matter, please co		Transity
Ll	UIS MATA		305 457.27.25	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 Filing Fce	☐ \$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 radditional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LLL			
I.J FLOORING & RENOVATION, LLC	,	- 6.7		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	www.Fi		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on FEBRUARY 24, 2021	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
LA PROJECTS, LLC				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	previation "L.L.C."		
Enter new principal offices address, if applicable:	7815 NW 104 AVE. APTO 25			
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FL. 33178			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name	of the new registe		
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. 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

<u>Title</u>	Name	Address	Type of Action
MGR	JAVIER JIMENEZ	9955 NW 116TH WAY, SUITE 8	
		MEDLEY, FL, 33178	≣Remove
			(T)Change
			□Add
			□Remove
			Change
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.ffective date, if other tha 'an effective date is listed, the da Note: If the date inserted in to locument's effective date on	te must be specific and his block does not m	cannot be prior to deet the applicabl			
record specifies a delayed et d is filed.	fective date, but not	an effective time	, at 12:01 a.m. on the	earlier of: (b) The 90th	h day after the
ENERO 14 Pated	,	2022			
	Signature of a n	- i .	ed representative of a m		
	Signature (1) a l	nember or authoriz	ed representative of a m	emoer	