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(Reque	estor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to Filin	na Officer	1
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Office Use Only



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SECRETARY OF STATE

A RAMSEY

COVER LETTER

Division of Corpor	rations		
SUBJECT: LA		RUCTION,	LLC.
	Name of Lin	nited Liability Company	
The enclosed Articles of Air	nendment and fee(s) are sub	omitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	LOUIS A	NATHUNY VIGLI	TOTTI
	LAV	CONSTRUCTION,	L L C .
		Firm/Company	
	821 N.	US. HWY I	_
		Address	
	ORMOND	BEACH FL 3	2174
		City/State and Zip Code	<u>`</u>
_	L"	City/State and Zip Code (to be used for future annual report notifical of Hill annual Contact of Contact of Hill annual Contact of	•
	E-mail address: (to be used for future annual report notifical	lion)
For further information conc	erning this matter, please c	all:	
		77 at (386) 547 - Area Code Daytime Te	
Name of Pe	rson	Area Code Daytime Te	dephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

FILED
2021 JUL 26 AM 9: 47

LAV CONSTRUCTION, LUCGERSY
(Name of the Limited Liability Company as it now appears on our records.)
e Articles of Organization for this Limited Liability Company were filed on $2 - 26 - 2021$ and assigned orida document number 20096080 .
is amendment is submitted to amend the following:
If amending name, enter the new name of the limited liability company here:
new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:
incipal office address MUST BE A STREET ADDRESS)
ter new mailing address, if applicable:
ailing address MAY BE A POST OFFICE BOX)
If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> ent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida sweet address

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.

Cin

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address BZI N. US. HWY I	Type of Action
AMBR	LOUIS ANTHONY VIGIIOTII	ORMOND BEACH FL 32174	—— ▼ Add
		□Remove	
	·		□Change
			□Add
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		□Remove	
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_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u>Note:</u>	re date, if other than the date of filing:
he record ord is file	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 d.
Dated _	7 - 14 - 20 Z 1 Signature of a number or authorized representative of a member
	LOUIS ANTHONY VIGLIOTTI Typed or printed name of signee

Filing Fee: \$25.00