L22000108597

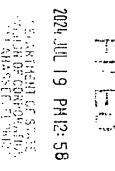
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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A. PARISHANI JUL 2 7 2024

COVER LETTER

TQ: Registration Section of Con				
	REMODELING LLC		.: 202	
SUBJECT:	Name of Lin	JIL W JULL		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	SSEE PM	
Please return all correspondent	ondence concerning this matter	to the following:	17: 58	
	LUIZ BORBA		· •	
		Name of Person		
	LUMIERE REMODELIN	G LLC		
		Firm/Company		
	9501 NW 44TH PL.			
		Address		
	CORAL SPRINGS, FL 33	065		
		City/State and Zip Code	···-·-	
	zagausa@hotmail.com		TP V	
For further information of	enan address:	to be used for future annual report not all:	incation)	
LUIZ BORBA		786 315-6652		
Name c	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 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 Se	etion	
Division of C		Division of Con		
P.O. Box 632	27	The Centre of T	Fallahassee .	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUMIERE REMODELING LLC	
(<u>Name of the Limited Liability Comp</u> (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>L22000108597</u>	
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 Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9501 NW 44TH PL.
(Principal office address MUST BE A STREET ADDRESS)	CORLA SPRINGS, FL 33065
Enter new mailing address, if applicable:	9501 NW 44TH PL.
(Mailing address MAY BE A POST OFFICE BOX)	CORAL SPRINGS, FL 33065
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new registered
	, 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.

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
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			□Remove
			□Add
			Danove
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ective date, if other than the	date of filing:	(0.1	optional)	105.00
te: If the date inserted in this burnent's effective date on the I	st be specific and cannot be prior to date lock does not meet the applicable s	tatutory filing requirements	this date will n	ant to 605.020 ot be listed a
when senective date on the L	repartment of State's records.			
cord specifies a delayed effecti s filed.	ve date, but not an effective time, at	12:01 a.m. on the earlier of	of: (b) The 90th	day after the
JULY IS	2024			
&	Signature of a member or authorized			