

L22000195175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

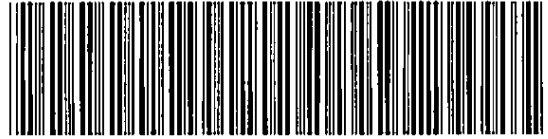
(Document Number)

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*al*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

L2 RENOVATIONS LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TERRI JONES

\_\_\_\_\_  
Name of Person

INTUITIVE ENTERPRISES LLC

\_\_\_\_\_  
Firm/Company

27629 FRANKLIN ST

\_\_\_\_\_  
Address

Bonita Springs, FL 34134

\_\_\_\_\_  
City/State and Zip Code

tljones07@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOGAN C. LANCON

281

796-2351

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 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

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TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

1.2 RENOVATIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 5th, 2022 and assigned  
Florida document number 672000195175

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

27629 FRANKLIN ST

Bonita Springs FL, 34134

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

INTUITIVE ENTERPRISES LLC

New Registered Office Address:

27629 FRANKLIN ST

*Enter Florida street address*

Bonita Springs

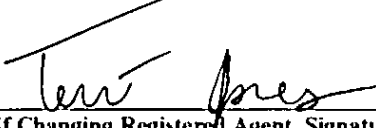
Florida 34134

*City*

*Zip Code*

**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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LOGAN C LANCON	27629 FRANKLIN ST	<input type="checkbox"/> Add
		BONTA SPRINGS FL 34134	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	KMG SPENDTHRIFT TRUST	27629 FRANKLIN ST	<input checked="" type="checkbox"/> Add
		BONTA SPRINGS FL 34134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMGR	LOGAN C. LANCON	27629 FRANKLIN ST	<input checked="" type="checkbox"/> Add
		Bonita Springs FL, 34134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	KMG SPENDTHRIFT TRUST	27629 FRANKLIN ST	<input checked="" type="checkbox"/> Add
		Bonita Springs FL, 34134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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ST. JOHNS COUNTY  
TALLAHASSEE, FL

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SHERIFF'S OFFICE OF TALLAHASSEE, FL

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

DECEMBER 12 2022  
Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

LOGAN C. LANCON