Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155

: (395)226-8727

Fax Number

: (786)947-0844

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please, \*\*

mail	Address:	 	 		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LPR REMODELING LLC

NAMES OF TAXABLE PARTY AND PARTY OF TAXABLE PARTY.	
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

## **COVER LETTER**

LPR REN	MODELING LLC				
3000ECT	Name of Li	imited Liability Company			
The enclosed Articles of	Division of Corporations  LPR REMODELING LLC  Name of Limited Liability Company  Inclosed Articles of Amendment and fee(s) are submitted for filing.  The return all correspondence concerning this matter to the following:  LUCIA ESTRELLA  Name of Person  LICENSES & PERMITS  Firm/Company  8300 WEST FLAGLER ST  Address  MIAMI, FL 33144  City/State and Zip Code  LICENSES 114@GMAIL.COM  E-mail address: (to be used for future annual report notification)  Their information concerning this matter, please call:  A ESTRELLA  Name of Person  A ESTRELLA  Name of Person  The following amount:  15.00 Filing Fee  Certificate of Status  Certificate Copy  (additional copy is enclosed)  Mailing Address:  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations				
		_			
	LUCIA ESTRELLA				
		Name of Person	<del></del>		
	LICENSES & PERMITS				
		Firm/Company	<del></del>		
	8300 WEST FLAGLER S	TZ			
		Address			
	MIAMI, FL 33144				
		City/State and Zip Code			
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For further information		•	lification)		
	concerning this matter, please (	call:			
LUCIA ESTRELLA					
Name o	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
L S25.00 Filing Fee	☐ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy		
			ction		
Division of C	Corporations				
P.O. Box 632		The Centre of Tallahassee			
Tallahassee, I	「ル <i>323</i> 14	2415 N. Monro	e Street, Suite 810		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LPR REMODELING LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records. bility Company)	
The Articles of Organization for this Limited Liability Company w	and assigned	
Florida document number 1.22000222827		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	v company here:	
LPR LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
_		,
		<del></del> )
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		. <u>m</u> .5
B. If amending the registered agent and/or registered office add	ress on our records enter th	n name of the new registers
agent and/or the new registered office address here:	ess on our records, enter th	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Florid	da _
	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

Title	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00