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01/23/24--01029--006 **25.00



COVER LETTER

TO: Registration Solution of Co			
CALIS IN CVP	ne Improvements, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lewis Wells		
		Name of Person	
	27950 Lois Drive		
		Firm/Company	
		Address	
	Tavares, FL 32778		
		City/State and Zip Code	
	48hourquoting@gmail.com	ì	
	E-mail address: (to be used for future annual report not	tication)
For further information c	concerning this matter, please c	all:	
Lewis Wells		407 480-6596	
Name o	of Person		e Telephone Number
Enclosed is a check for the	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 Address		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	•
Tallahassee, l			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L&V Home Improvements, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{96/17/2022}{}$ and as	ssigned
Florida document number L22000276344		5
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "I	L.C."
Enter new principal offices address, if applicable:	27950 Lois Drive	
(Principal office address MUST BE A STREET ADDRESS)	Tavares, FL 32778	
	27950 Lois Drive	
Enter new mailing address, if applicable:	Tavares, FL 32778	
Mailing address MAY BE A POST OFFICE BOX)	Tavares, 1 L 52776	
		-,
3. If amending the registered agent and/or registered office :	address on our records, enter the name of the ne	w registe
gent and/or the new registered office address here:		
		•
Name of New Registered Agent:		•
New Registered Office Address:		(1)
	Enter Florida street address	
	, Florida	
	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 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>	Address	Type of Action
MGR	Lewis Wells	27950 Lois Dr	□Add
		Tavares, FL 32778	
MGR	Michael Cuccarese	1340 Foxforrest Cir	= Add
		Apopka, FL 32712	□Remove
			□Change
			🗀 Add
			□Change
			□Add
			□Remove() `
			□ Change
			□Add
			□Remove
		<u></u>	□Change
			Remove
			∏Change

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ective date, if other than th	e date of fili	ng:		(optional)	
n effective date is listed, the date mute: If the date inserted in this b	ist be specific a clock does not	ind cannot be prior timeet the applic	to date of filing or a	nore than 90 days	s after filing.) Pursu	ant to 605.02
cument's effective date on the I	Department of	f State's records.	able statutory in	ng requirement	s, mis date will no	ot be usted
cord specifies a delayed effecti	ve date, but n	ot an effective ti	me. at 12:01 a.m.	on the earlier of	of: (b) The 90th	day after th
s filed.			,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	any arter ii
January 18 ted		2023				
# 16 M	_	_ \	_ ·			
	7	1122				
	Signature of	a member or autho	orized representativ	e of a member	 .	

Filing Fee: \$25.00