## L23000089844

(Requestor's Name)
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PICK-UP WAIT MAIL
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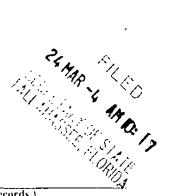


## **COVER LETTER**

TO: Registration S Division of Co			
LUCAS J	RENOVATIONS LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	FREDDY JURADO		
		Name of Person	
	LUCAS J RENOVATION	S LLC	
	-	Firm/Company	
	1555 BONAVENTURE B	LVD 2020	
		Address	
	WESTON FL. 33326		
		City/State and Zip Code	
	lucasrenovations.usa@gma		<u>.</u>
	E-mail address: (	to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
FREDDY JURADO		347 774 5186 at ()	
Name	of Person	at () Area Code Daytir	ne 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 fadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Section Corporations	Street Address: Registration So Division of Co	prporations
P.O. Box 63 Tallahassee.		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LUCAS J RENOVATIONS LLC

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

B. If amending the registered agent and/or agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:		ı Ave	la street uddress , Florida <sup>3</sup>	3897 Zip Code
Name of New Registered Agent:	ess here:	ı Ave	la street uddress	
Name of New Registered Agent:	ess here:			
agent and/or the new registered office addre				
n 16	• 4 1 49"	address on our rec	cords, <u>enter the nai</u>	me of the new registere
				- CAL
Maning address MAT DE A FOST OFFICE	<u>, DUA)</u>	<u> </u>	······································	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		Davenport FL 33897		
		172 Kellygreen Ave		
(Principal office address MUST BE A STREET ADDRESS)		Davenport FL 33	897	
Enter new principal offices address, if applicable:		172 Kellygreen Ave		
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the de	signation "LLC" or the	abbreviation "L.L.C."
A. If amending name, enter the new name		-		
This amendment is submitted to amend the fo	lowing:			
Florida document number L23000089844	·			

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

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If an effective date i <b>Note:</b> If the date	if other than the is listed, the date mu inserted in this b trive date on the E	st be specific an lock does not	nd cannot be pric meet the appli	icable statutory	or more than 90 c filing requireme	_ (optional) lays after filing.) ents, this date v	Pursuant to 605,0207 vill not be listed as
	cifies a delaye y after the rec			ot an effecti	ve time, at 1	2:01 a.m. o	n the earlier o
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	<del></del>	Signature of a	member or aut	horized represent	ative of a membe	r	