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COVER LETTER

TO: Registration Section

Division of Corporations

CUDICZT.		S AND RENOVATORS, L.L	.C.
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Edwin Morales	
		Name of Person	
	LEZR	Construction General Contrac	ting, L.L.C
		Firm/Company	
		2200 N 39th Avenue	
		Address	,. ,
		Hollywood, Fl 33021	
		City/State and Zip Code	
		lezrcgc@yahoo.com	
	E-mail address: (to be used for future annual repor	rt notification)
For further information co	oncerning this matter, please c	all:	
Edwin !	Morales	954	638-7066
Name of	Person	at () Area Code D	aytime Telephone Number
Enclosed is a check for th	e 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 S	Section	Street Addre Registration	n Section
Division of Corporations P.O. Box 6327			Corporations of Tallahassee
Tallahassee, F			onroe Street, Suite 810

Tallahassee, FL 32303

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

E&V BUILDERS AND R	(ENOVATORS, L.I.	C.	
(Name of the Limited Liability Compa) (A Florida Limited I.)	ny as it now appears Jability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	05/01/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company her	<u>e</u> :	
LEZR Construction General Contract	ting, L.L.C.		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the des	ignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Not	Applicab	le
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2024 JAN 30
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our rec	cords, enter the name	ie of the new regist
Name of New Registered Agent:	Not H	pplicable	_
New Registered Office Address:	Enter Floria	la 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>	Name	Address	Type of Action
			□Add
	11/14		□Remove
			☐ Change
			□Add
			□ Change
			🗆 Add
			□Remove
			□ Change
			☐Add
			□Remove
			Change
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			□Remove
			Change

-	"Not Applicable"
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:
the record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	January 22 . 2024.
	Signature of a member or authorized representative of a member