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Division of Corporations

Florida Department of States

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20190000068 Phone : (407)326-8484 Fax Number : (407)604-6519

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

Email Address: contact@medeirossouza.com



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAGAR CONTRACTING & HOME DESIGN LLC

| Certificate of Status | 0 |
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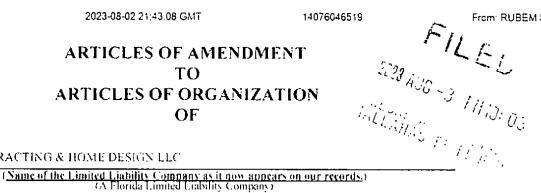
| TO: | Registration Se Division of Cor | | | |
|-----------------|---------------------------------------|---|---|---|
| SUBJEC | LAGAR CO | ONTRACTING & HOME DES | SIGN LEC | |
| STOP BIT EX | · · · · · · · · · · · · · · · · · · · | Name of Limi | ted Liability Company | |
| The encl | osed Articles of . | Amendment and fee(s) are subt | nitted for filing. | |
| Please re | tum all correspo | ndence concerning this matter | to the following: | |
| | | Rubem Souza | | |
| | | | Name of Person | |
| | | Medeiros Souza corp | | |
| | | | Firm:Company | |
| | | 1711 Amazing Way, See 21 | 3 | |
| | | | Address | |
| | | Ococe, FL 34761 | | |
| | | | City/State and Zip Code | · · · · · · · |
| | | contact@medeirossouza.con |) o be used for future annual report notifica | tion |
| For furth | er information co | oncerning this matter, please ca | · | |
| Rubem S | | | 407 326 - 8484 | |
| | Name of | Person | | dephone Number |
| Enclosed | is a check for th | e following amount: | | |
| ■ \$ 25. | 00 Filing Fee | S30,00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | MailingAddress Registration S | | StreetAddress: Registration Section | on |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To:

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



LAGAR CONTRACTING & HOME DESIGN LLC

The Articles of Organization for this Limited Liability Company were filed on $\frac{07/13/2023}{1}$ __ and assigned Florida document number _____L23000332479 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 "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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:

MEDEIROS SOUZA CORP Name of New Registered Agent: 1711 Amazing Way, Ste 213 New Registered Office Address: Enter Florida street address ____. Florida 34761 Zip Code Ococe

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> | Address | Type of Action |
|--------------|-----------------------|-----------------|--------------------------------|
| AMBR | GOMES, LUCILON | 8475 NW 61ST ST | |
| | | MIAMI, FL 33166 | =Remove |
| | | | |
| AMBR | LUCILON GOMES LAGARES | 8475 NW 61ST ST | = Add |
| | | MIAMI, FL 33166 | □Remove |
| | | | |
| | | | DAdd |
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From: RUBEM St

To:

- - Page: 7 of 7

Rubem Souza

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee