1/14/25, 4:11 PM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155 Phone : (305)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.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LC MIAMI CONSTRUCTION LLC

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COVER LETTER

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Division of Co								
LC MIAN	MI CONSTRUCTION LLC							
Name of Limited Liability Company								
	of Amendment and fee(s) are submitted for filing.							
	LUCIA ESTRELLA							
Name of Person								
	LICENSES & PERMITS							
	Firm/Сошрапу							
	8300 WEST FLAGLER ST							
	Address							
	MIAMI, FL 33144							
City/State and Zip Code LICENSES114@GMAIL.COM								
For further information of	E-mail address: (to be used for future annual report notification) concerning this matter, please call:							
	ESTALLA- at (305) 236-8727 of Person Area Code Daytime Telephone Number							
Enclosed is a check for the	he following amount:							
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Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LC MIAMI CONSTRUCTION LLC				
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)		_	
The Articles of Organization for this Limited Liability Company were fi	iled on	and	assign	ned
Florida document number L24000372464				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability co	mpany here:			
LC MIAMI PAINTING LLC				
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abl	breviation	"L.L.C	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
<u> </u>				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		.,	2	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name	of the r	ie e	gistere
agent and of the new registered office address here:		; .	<u>ر</u> دور:	
Name of New Registered Agent:		: • ·	-	=
Name of New Registered Agent.	 	· ·		†
New Registered Office Address:		·	=	0
	Enter Florida street address		9	
	, Florida	<u> </u>	26	
City		Zip Cod	e	

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:

_____ Change

______ DAdd

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			DChange
			□Add
			DRemove
			DAdd
			□Remove
			Change
			□Add

Typed or printed name of signee