Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H21000353286 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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 LURIN CONSTRUCTION SERVICES, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$25.00 |

SEP 2 2 2021

W TUNL

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

| TO: | | tration ion of C | Section Corporations | | |
|---------|----------------------|---------------------|---|-------------------------------|--|
| SUBJI | ECT: | Lurin C | onstruction Services, LLC | _ | |
| | | | Name of Foreign | n Limited Lia | bility Company |
| Dear S | ir or N | fadam: | | | |
| The en | closed | applica | ation, certificate and fee(s) | are submitted | 1 for filing. |
| Plcase | return | all corr | espondence concerning thi | s matter to th | c following: |
| David l | Malone | | | | |
| _ | | _ | Name of Person | | |
| Integra | ted Rer | ovations | LLC | | _ |
| | | • | Firm/Company | | |
| 2850 N | I. Harw | ood Stree | et, Suite 1700 | | <u>_</u> |
| | | | Address | | |
| Dallas, | , TX 75 | 201 | | | |
| | | | City/State and Zip Code | • | |
| dmalor | ne@luri | n.com | | | |
| E-m | nail add | iress: (t | o be used for future annual | report notifi | cation) |
| For fu | rther is | nformat | ion concerning this matter, | please call: | |
| Emily | | | _ | at (| 258-4158 |
| | | Nam | e of Person | Area Co | de & Daytime Telephone Number |
| | Regi Divi P.O. | sion of Box 63 | Section Corporations | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| | Filing | g Fee | a check for the following ☐ \$30 Filing Fee & Certificate of Status | amount: \$55 Filir Certified | |
| CR2E0 | 55 (9/15 |) | | _ | |

DocuSign Envelope ID: 2A358B4E-9595-44DC-A175-FE902E29C771

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

| 1. Name of limited liability Company as it appear | rs on the records of the Florida Department of | |
|--|--|--------------------------|
| State: Lurin Construction Services, LLC | | |
| Enter new principal office address, if applicable: | | ٢ |
| (<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>) | 2021 SEP 2 1 | Apiera |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | AN 10: 17 | SIVISION OF COMPORATION: |
| 2. The Florida document number of this limited lia | ability company is: M21000011783 | |
| Jurisdiction of its organization: Delaware 4. Date authorized to do business in Florida: 09/0 | 07/2021 | |
| 5. New name of the limited liability company: in (must) | e changes) ntegrated Renovations LLC st contain "Limited Liability Company," "L.L.C.," or "LLC.") | |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L. L. | d for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate name of "LLC.") | ; |
| 6. If amending the registered agent and/or register registered agent and/or the new registered office a | red officer address on our records, enter the name of the new address here: | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida Street Address | |
| | , Florida | |
| | City Zip Code | |
| the provisions of all statutes relative to the proper | ent and agree to act in this capacity. I further agree to comply with or and complete performance of my duties, and I am familiar with stered agent as provided for in Chapter 605, F.S. Or, if this be in the registered office address. I hereby confirm that the limited | |
| - If i | Changing Registered Agent, Signature of New Registered Agent | |

| 8. If the amendment c | 3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: | | | | | |
|-----------------------|---|--|-------------------|--|--|--|
| Title/ Capacity | Name | Address | Type of Ac | | | |
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| aforementioned a | ficate, if required: no more that nendment(s), duly authenticate the law of which this entity is o | d by the official having custody of records. | in the | | | |
| | Signature Jon Venetos | e of the authorized representative | | | | |

4

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF 'LURIN CONSTRUCTION SERVICES, LLC', CHANGING ITS NAME FROM "LURIN CONSTRUCTION SERVICES, LLC" TO "INTEGRATED RENOVATIONS LLC", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2021, AT 11:46 O'CLOCK A.M.



Authentication: 204208614

Date: 09-21-21

6928284 8100 SR# 20213299506 DocuSign Envelope ID: AAF53AF3-58FC-4F5F-987A-825D65C109D5

H21000353286

State of Delaware.
Societary of State
Division of Corporations
Delivered 11:46 AM 09/16/2021
FILED 11:46 AM 09/16/2021
SR 20213262825 - Fle-Number 6928284

STATE of DELAWARE CERTIFICATE of AMENDMENT TO THE LIMITED LIABILITY COMPANY of LURIN CONSTRUCTION SERVICES, LLC

The undersigned desiring to amend the Certificate of Formation of Lurin Construction Services, LLC pursuant to the provisions of the Limited Liability Company Act of the State of Delaware hereby certifies as follows:

First: The name of the limited liability company is Lurin Construction Services, LLC.

Second: Article I of the Certificate of Formation shall be amended as follows:

1. Name. The name of the limited liability company is Integrated Renovations LLC.

In Witness Whereof, the undersigned has executed this Certificate of Amendment this 14th day of September 2021.

Jon P. Venetos

Authorized Person