## P11000048100

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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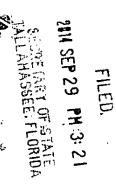
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 11, 2014

Danielle Pedersen First Coast Bookeeping 3948 South 3rd Street, 186 Jacksonville, FL 32250

SUBJECT: L&R REMODELING CORP

Ref. Number: P11000048100

We have received your document for L&R REMODELING CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 614A00019523

IL SEP 29 PH 1: 36

WINDERSON STATE

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## Articles of Amendment to Articles of Incorporation

FILED.

of	orp 29 PH 3: 21
L'E REMODEUNG CORP	2014 SEP 27
(Name of Corporation as currently filed with the Florida Dept. of St	ate) BILLETTORIOA
P11000048100	2111 SEP 29 PH 3: 21  BECKETAGE OF STATE  JALLAHASSEE, FEORIDA
(Document Number of Corporation (if known)	<b>.</b>
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Cor</i> its Articles of Incorporation:	poration adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
LAR SERVICES OF NORTHEAST FIORIDA.	CORP. The new
name must be distinguishable and contain the word "corporation," "company," or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profession word "chartered," "professional association," or the abbreviation "P.A."	or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent		
<del></del>	(Florida street address)	<del></del>
New Registered Office Address:		, Florida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add Remove			
2) Change			
Add	<del></del>		
Remove			
3) L Change Add			
Remove			
4) Change		_	<u> </u>
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
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	,
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an and an analysis and an a

\_\_\_\_, if other than the The date of each amendment(s) adoption: \_ date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) (CHECK ONE) Adoption of Amendment(s) The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval (voting group) The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) (Typed or printed name of person signing) OWNER (Title of person signing)