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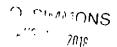
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



			COVER LETTER				
	gistration Se vision of Cor			•			
SUBJECT:		S & S CONSTRUCTION, LLC					
		Name of Lim	ited Liability Company				
The encloses	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please returi	n all correspo	ondence concerning this matter	to the following:				
		Kris B. Robinson					
Name of Person							
	Robinson Kennon & Kendron						
	Firm/Company						
582 W. Duval St.							
			Address				
		Lake City, FI 32055					
		kbr@rkkattorneys.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report notifi	cation)			
For further i	nformation c	oncerning this matter, please c	all:				
Kris B. Rot	oinson		386 755-1334				
_	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed is:	a check for th	ne following amount:					
□ \$25.00 I	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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S & S CONSTRUCTION, LLC		
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our r orida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabilit	y Company were filed on April 27, 20	and assigned
This amendment is submitted to amend the following	j.	
A. If amending name, <u>enter the new name of the</u>	limited liability company here:	18
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation	"LLC" or the abbreyiation "L.I-e-"
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET AD</u>		9 P P
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	2	8. 59
 If amending the registered agent and/or registered agent and/or the new registered office a 		cords, <u>enter the name of the </u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	uddress
_	City	_, Florida 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 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>	<u>Address</u>	Type of Action
MGR	Gerald M. Smith Jr.	Gerald M. Smith Jr.	■ Add
		143 SW Old Cypress Way	□ Remove
		Lake City, FI 32024	Change
			Change
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			The Remove
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			Remove
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ffective date, if other t	han the date of filing: _	not be prior to date of fil	ing or more than 90 days	optional) after filing.) Pursuant to 605.020
ote: If the date inserted	in this block does not meet	the applicable statute	ry filing requirements	, this date will not be listed as
ocument's effective date	on the Department of State	s records.		
e record specifies a (delaved effective date	e, but not an effe	ctive time, at 12:0	01 a.m. on the earlier o
The 90th day after	the record is filed.	•		
, August 3	2	018		
ated August 6				
16/	$\alpha \alpha b$			

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00