

05/11/2009 18:00  
Division of Corporations

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Florida Department of State  
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Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : LICENSES ETC INC  
Account Number : I20070000159  
Phone : (239) 777-1028  
Fax Number : (877) 275-3593

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**SINDORIS/HEMINGWAY CONSTRUCTION L.L.C.**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$60.00

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**T. HAMPTON**

JUN 15 2009

**EXAMINER**

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**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: SINDORIS/HEMINGWAY CONSTRUCTION L.L.C.**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chrissi Jackson

Name of Person

Licenses Etc., Inc.

Firm/Company

15275 Collier Blvd 201-300

Address

Naples, FL 34119

City/State and Zip Code

etc@licensesetc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chrissi Jackson

Name of Person

at ( 239 )

777-1028

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
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☒ \$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

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

**SINDORIS/HEMINGWAY CONSTRUCTION L.L.C.**

*(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)*

The Articles of Organization for this Limited Liability Company were filed on 04/02/2009 and assigned  
Florida document number L09000032375.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sindoris Consultants, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" 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)

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DIVISION OF CORPORATIONS  
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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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 608, 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

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Hemingway, Thomas P	12605 Rockrose Glen Bradenton, FL 34202	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Dated June 11, 2009

Signature of a member or authorized representative of a member

Paul A. Sindoris

Typed or printed name of signer

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Filing Fee: \$25.00

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