# 10900040489

(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
ied Copies Certificates of Status	
ecial Instructions to Filing Officer:	
<u>unils</u>	
Office Lise Only	



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# Registration Section Division of Corporations

Sullivan Co T:	onstruction & Management LLC		
	Name of Lim	ited Liability Company	
sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
urn all correspo	endence concerning this matter	to the following:	
	Richard Saunders		
		Name of Person	
	Sullivan Construction & M	lanagement LLC	
		Firm/Company	
	341 W Davidson St		
		Address	
	Bartow, FL 33830		
		City/State and Zip Code	<del></del>
	rsaunders 1002@gmail.com		F
		to be used for future annual report noti	neation)
r information c	oncerning this matter, please co	all:	
Saunders		863 660-1002 at ( )	
Name o	f Person	Area Code Daytim	e Telephone Number
is a check for the	he following amount:		
00 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
Fallahassee, FL 32314

#### Street Address:

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

# TO ARTICLES OF ORGANIZATION **OF**

Sullivan Construction & Managem				
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on our Liability Company)	records.)	
cles of Organization for this Limited L locument number 1.09000040489	iability Company	were filed on <u>04/27/2009</u>		_ and assigned
endment is submitted to amend the foll	owing:			
nending name, <u>enter the new name o</u>	of the limited liab	ility company here:		
ame must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation	n "LLC" or the abbre	viation "L.L.C."
ew principal offices address, if applic	cable:	341 W Davidson St		<u></u>
al office address MUST BE A STREE	ET ADDRESS)	Bartow, FL 33830	· 	
				<u> </u>
				1
ew mailing address, if applicable:			<u> </u>	<u> </u>
address MAY BE A POST OFFICE BOX)		<u> </u>		(1) (1)
nending the registered agent and/or noted that new registered office address Name of New Registered Agent:	•.,		enter the name	of the new registered
New Registered Office Address:	341 W Davidso		<del>_</del> -	
		Enter Florida street		
	Bartow		, Florida <sup>3383</sup>	0
the decimal of the terminal	D 1.4	City-		Zip Code
istered Agent's Signature, if changing				
vaccept the appointment as registere ins of all statutes relative to the prop he obligations of my position as reg led to merely reflect a change in the whas been notified in writing of this	per and complete istered agent as p registered office	performance of my dut provided for in Chapter	ies, and I am far 605/F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

### yed from our records:

## Manager

# = Authorized Member

<u>Name</u>	<u>Address</u>	Type of Action
Richard Saunders	341 W Davidson St Bartow, FL 33830	\exists Add
		□ Remove
Elizabeth C Sullivan		
	2405 Coventry Ave Lakeland, FL 33803	\ \exists Remove
		Change
		□Add
		□Remove
		□Change
		□Add
		□Remove
		□Change
		Remove
		□Change
		□Add
		□Remove
		□Change

ending any other information, er	nter change(s) here:	(Attach addition	al sheets, if necess	ary.)
		·		
	<del></del> <del>-</del>	<del></del>		
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tive date, if other than the date of Tective date is listed, the date must be specified the date inserted in this block does nent's effective date on the Department.	cific and cannot be prior to es not meet the applicab	date of filing or more ole statutory filing i	(option e than 90 days after fil requirements, this d	ing.) Pursuant to 605,0207 (3)(b
rd specifies a delayed effective date, l iled.	but not an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
November 12	2024	_ •		
Stell	2	<del></del>		
Rignatu	ire of a member or authori	zed representative of	fa member	<u> </u>
Stephen J Sullivan	Typed or printed			<u> </u>