# 109000083207

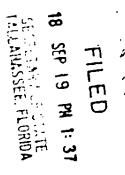
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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S. PRATHET



September 11, 2018

KRISTEN RAMIREZ BSI CONTRACTOR SERVICES 36 SOUTH ARLINGTON RD JACKSONVILLE, FL 32216

SUBJECT: PEPPER FISH SOLUTIONS L.L.C.

Ref. Number: L09000083207

We have received your document for PEPPER FISH SOLUTIONS L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The name of a limited liability company must contain the designation "L.L.C.," "LLC," or the words "LIMITED LIABILITY COMPANY." Please amend the name of your entity accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather Regulatory Specialist III

Letter Number: 818A00018900

### **COVER LETTER**

TO:	Registration Se Division of Cor				
enn n	ecer.		I SOLUTIONS L.L.C.		
SUBJI	ECT:	Name of Line	ited Liability Company		<del></del>
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			KRISTEN RAMIREZ		
			Name of Person		<del></del>
		BS	I CONTRACTOR SERV	'ICES	
	Firm/Company				
		3	6 SOUTH ARLINGTON	RD	
		<del></del>	Address		
			JACKSONVILLE, FL 32	216	
			City/State and Zip Code	-	
		-	BSICONTRACTORSES		
			o be used for future annual	report notificati	on)
For fur	ther information c	oncerning this matter, please ca	ill:		
KRISTEN RAMIREZ		904 at ()	683-5494		
	Name o	f Person	at () Area Code	Daytime Tel	ephone Number
Enclose	ed is a check for th	ne following amount:			
□ \$2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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**

18 SER 19 PM. PEPPER FISH SOLUTIONS L.L.C.

( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appear ida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	08/28/2009	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :		
REMAX CONSTRUCTION LLC				
The new name must be distinguishable and contain the words "L	imited Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	ORESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on dress here:	our records, enter		
Name of New Registered Agent:				
New Registered Office Address:	Entar Elari	du straat addrass		
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 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			Change
			□ Add
			□ Remove
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eumen reco	e date, if other than the date tive date is listed, the date must be so the date inserted in this block of it's effective date on the Depart of specifies a delayed efforth day after the record	does not meet the timent of State's fective date,	ne applicable statu records.	tory filing requirem	ents, this date w	ill not be list	ed as
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	Sign	ature of a membe	er or authorized repr	esentative of a member	er •		S.
			YAN J. WILLIAN			- S	SEP -
		Турес	or printed name of	signee		mi s	9
			Page 3 of 3			FLORIDA	PH T:
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