

L13 000088269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2013 JUL -2 AM 11:42
STATE OF MISSISSIPPI
TALLAHASSEE, FLORIDA

JUL -3 2013
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COVER LETTER

Registration Section
Division of Corporations

SUBJECT:

Name of Limited Liability Company

S+S Home Renovations, LLC.

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

Please return all correspondence concerning this matter to the following:

Sonia Jackson

Name of Person

S+S Home Renovations, LLC

Firm/Company

3894 SE. 120th St. Belleview, FL 34420

Address

Belleview, FL 34420

City/State and Zip Code

wunhorn@aol.com

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

For further information concerning this matter, please call:

Sonia Jackson

Name of Person

at (352) 470-2452

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 E. Tower Center Circle
Tallahassee, FL 32301

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STATE OF FLORIDA
TALLAHASSEE, FL 32301

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

S&S Home Renovations, LLC
(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 June 19-2013 and assigned
Florida document number L 13000088269

This amendment is submitted to amend the following:

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

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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CLERK OF STATE
TALLAHASSEE, FLORIDA

**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

, Florida

City

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

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

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
mGR	Scott P. Jackson	3894 SE 120 th St Belleview, Fl. 34420	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

☐ Add
☐ Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2019 JUN -2 AM 11:42
☐ Add
☐ Remove

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

Dated June 27th - 2013,

Sonia Jackson

Signature of a member or authorized representative of a member

Sonia Jackson

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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