

09/09/2014

14 SEP BAND LAW GROUP

FAX 941 917 0506

P.001/004

9/9/2014

**L14000110495**

Division of Corporations

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000211783 3)))



H140002117833ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

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

**From:**

Account Name : BAND LAW GROUP, PL.  
Account Number : I20090000020  
Phone : (941)917-0505  
Fax Number : (941)917-0506

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
JOHNSON SUNCOAST BUILDERS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

14 SEP -9 AM 8:50

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 SEP -9 AM 8:02

FILED

Audit # (((H14000211783 3)))

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

2014 SEP -9 AM 8:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**JOHNSON SUNCOAST BUILDERS, 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 \_\_\_\_\_ and assigned  
Florida document number L14000110495.

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)

**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 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

Audit # (((H14000211783 3)))

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

**MGR - Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

<u>MGR</u>	<u>STEVE C. JOHNSON</u>	<u>6408 BLUE GROSBEAK CIRCLE</u>	<input checked="" type="checkbox"/> Add
		<u>LAKEWOOD RANCH, FL 34202</u>	<input type="checkbox"/> Remove

<u>MGR</u>	<u>JOAN R. JOHNSON</u>	<u>6408 BLUE GROSBEAK CIRCLE</u>	<input checked="" type="checkbox"/> Add
		<u>LAKEWOOD RANCH, FL 34202</u>	<input type="checkbox"/> Remove

☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove

Audit # (((H14000211783 3)))

09/09/2014 14:42 BAND LAW GROUP  
Audit # (((H14000211783 3)))

(FAX)941 917 0506

P.004/004

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

---

---


---

---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 9, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**GREGORY S. BAND, ESQ.**  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

Audit # (((H14000211783 3)))

FILED  
2014 SEP -9 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA