

L15000 032 720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

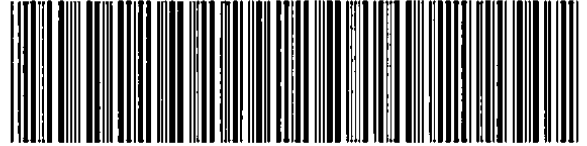
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600333103396

08/16/19--01016--111 \*\*

SECRET  
TALLAHASSEE, FL

2019 AUG 16 AM 10:51

FILED

AUG 22 2019  
C Kinse.

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDIAN SUN MATERIALS LLC  
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:

Trace N. Plaugher  
Name of Person

FLORIDIAN SUN MATERIALS LLC  
Firm/Company

14116 Red Robin Ct  
Address

Orlando, FL 32824  
City/State and Zip Code

floridiansunmaterials@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trace N. Plaugher at (407) - 921-5077  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FLORIDIAN SUN MATERIALS 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 02/20/2015 and assigned Florida document number L15000032720.

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 contain 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)

14116 Red Robin Ct  
Orlando, FL 32824

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14116 Red Robin Ct  
Orlando, FL 32824

**B. If amending the registered agent and/or registered office address on our records, enter the name of the 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 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, enter the title, name, and address of each person 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>                      |
|--------------|----------------------|--------------------|--|
| VP           | Jamillah A. Plaugher | 14116 Red Robin Ct | <input type="checkbox"/> Add               |
|              |                      | Orlando, FL 32824  | <input checked="" type="checkbox"/> Remove |
|              |                      |                    | <input type="checkbox"/> Change            |
|              |                      |                    | <input type="checkbox"/> Add               |
|              |                      |                    | <input type="checkbox"/> Remove            |
|              |                      |                    | <input type="checkbox"/> Change            |
|              |                      |                    | <input type="checkbox"/> Add               |
|              |                      |                    | <input type="checkbox"/> Remove            |
|              |                      |                    | <input type="checkbox"/> Change            |
|              |                      |                    | <input type="checkbox"/> Add               |
|              |                      |                    | <input type="checkbox"/> Remove            |
|              |                      |                    | <input type="checkbox"/> Change            |
|              |                      |                    | <input type="checkbox"/> Add               |
|              |                      |                    | <input type="checkbox"/> Remove            |
|              |                      |                    | <input type="checkbox"/> Change            |
|              |                      |                    | <input type="checkbox"/> Add               |
|              |                      |                    | <input type="checkbox"/> Remove            |
|              |                      |                    | <input type="checkbox"/> Change            |

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 12, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signer