L15000145295

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DEC 03 2015 J. HARRIS

COVER LETTER

TO: Registration Sect Division of Corpo		•	٠.
SUBJECT. SUN	state Demol	ition and SAL	VAGE LLC
SUBJECT:	Name of Limi	ited Liability Company	<u> </u>
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Jim	D. Pruitt Name of Person	
		Name of Person	
	Sunsta	He Demolition	AND SALVAGE LLC
		Firm/Company	
	P.O. BOX	9/5259 Address	
	Longwo	od FL 32791 City/State and Zip Code	
		City/State and Zip Code	
	E-mail address: (T C SUNSTATE demolition to be used for future annual report notifie	NAND SAIVAGE. COM
For further information con	cerning this matter, please ca	all:	
Jim D.	PruitT	at (407) 558	- 9947
Name of F	Person	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)
MAILIN	G ADDRESS:	STREET/COURIE	R ADDRESS:
	ion Section of Corporations	Registration Section Division of Corpora	
P.O. Box		Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Sunstate Demolition And Salvage LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(substituting company)
The Articles of Organization for this Limited Liability Company	were filed on August 25, 2015 and assigned
Florida document number <u>L 15000145295</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SUNSTATE DEMOLITION And SALVAG
(Principal office address MUST BE A STREET ADDRESS)	370 Golf Brook Circle
	Longwood, FL 32779
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 915259
	P.O. BOX 915259 Longwood, FL 32791
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	<u>e</u> :
Name of New Registered Agent:	JIM D. Pruitt
Name of New Registered Agent: New Registered Office Address: 370 Golf Brook Circle Enter Florida street address	
Long	Wood , Florida 32 779 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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of temover from our records.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jim D. PruitT	370 Golf Brook Circle FL 32	779 X Add
			Remove
			Change
			Add
			Remove
			Change
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			□ Remove
			Change

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(If an e Note :	tive date, if other than the date of filing:	t to 605.0207 (3)(b) be listed as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	earlier of:
Dated	Nov. 25 , 2015.	
	Signature of a member or authorized representative of a member Jim D. Pruitt	ωξ=πΩ
	Typed or printed name of signee 55%.	12: 25

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Filing Fee: \$25.00