

L15000 208 044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

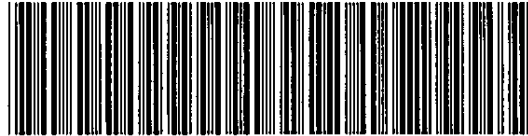
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600288267036

07/27/16--01019--006 **55.00

FILED
16 JUL 27 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 28 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JSOHANKALL 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:

JEETENDRA SOHANKALL
Name of Person

JSOHANKALL LLC
Firm/Company

4450 URBANIA DRIVE STE 317
Address

ORLANDO FLORIDA 32837.
City/State and Zip Code

JIMMY/SOHANKALL13@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEETENDRA SOHANKALL at (347) 524-4754.
Name of 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) |
|---|--|---|--|

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**

JSOHANLALL 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 12-15-2015 and assigned Florida document number L15000208044

This amendment is submitted to amend the following:

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

SUNSTATE ROOFING CONSULTANTS LLC

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)

4450 URBANA DR STE 317
ORLANDO FLORIDA, 32837.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4450 URBANA DR STE 317
ORLANDO FL 32837.

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:

JEETENDRA SOHANLALL

New Registered Office Address:

4450 URBANA DR STE 317

Enter Florida street address

ORLANDO

City

, Florida

32837

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

JEETENDRA SOHANLALL
SECRETARY OF STATE
FLORIDA
DEC 27 PM 4:21
11:50

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>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

RECEIVED
16 JUL 27 PM 6 21
SECURITY DESK
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 07-16-2011 BY 60322
UCBAW/STP

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

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 JULY 27th, 2016.

7/27/2016

Signature of a member or authorized representative of a member

TEETENDRA SOHAN LALL

Typed or printed name of signee

Filing Fee: \$25.00

SECRET
16 JUL 27 PM 4:21
FLORIDA
STATE
ALLAH