



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.

((H19000146792 3)))



H190001467923ABC6

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 : DDS TAMPA TAX SERVICE  
Account Number : 120140000115  
Phone : (813)882-8426  
Fax Number : (813)884-0263

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

Email Address: CONSTRUCTIONLLC5STAR@GMAIL.COM

2019 MAY -2 AM 11:02

APPROVED  
AND  
FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
S STAR CONSTRUCTION & CLEANING LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

T GLAS

MAY 03 2019

H190001467923

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 5 STAR CONSTRUCTION & CLEANING 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:

MARIJUDES BRACIT

Name of Person

5 STAR CONSTRUCTION & CLEANING LLC

Firm/Company

7104 Halifax Ct

Address

TAMPA, FL 33615

City/State and Zip Code

constructionllc5star@gmail.com

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

For further information concerning this matter, please call:

TAMPA, FL 33615

813

361-3384

at ( )

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

APPROVED  
AND  
FILED

2019 MAY -2 AM 11:02

RECEIVED  
TALLAHASSEE, FL  
MAY 2 2019

H190001467923

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

H 19 000 146 # 923

5 STAR CONSTRUCTION & CLEANING 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 02/17/2016 and assigned  
Florida document number L16000034005

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)**

7104 Halifax CtTAMPA, FL 33615

**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 all 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**

H 19 000 146 # 923

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H190001467923

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSE OSVALDO RIVAS HERNANDEZ	7104 Halifax Ct TAMPA, FL 33615	<input checked="" 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"/> 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

APPROVED  
AND  
FILED  
2019 MAY 2 APR 11:02  
RECEIVED  
TAMPA FL 33615

419 000 146 792

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

APPROVED

FILED

2019 MAY -2 AM 11:02

100

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MAY 2, 2019

*Maribeth A. Linn Bracht*  
Signature of a member or authorized representative of a member organization

Signature of a member or authorized representative of a member

MARZURDES DE LIMA PRACHT  
Typed or printed name of signer

Typed or printed name of signer

4190001464