

216000040077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

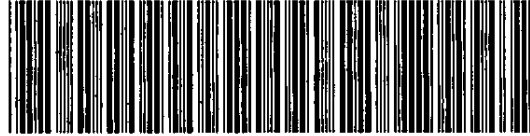
(Business Entity Name)

(Document Number)

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2018 APR 12 AM 8:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

zgm 4/13

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sarah Conner Concrete Contractor "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:

Sarah Conner

Name of Person

Sarah Conner Concrete Contractor "LLC"

Firm/Company

6402 Jahaza Road

Address

Molino, FL

City/State and Zip Code

sarahconnerconcretecontractor@gmail.com

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

For further information concerning this matter, please call:

Sarah Conner

251 359-4613
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

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

Sarah Conner Concrete Contractor "LLC"

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

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CLERK OF STATE

The Articles of Organization for this Limited Liability Company were filed on 03/0/2016 and assigned
Florida document number 116000040077.

This amendment is submitted to amend the following:

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

N/A

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)

6402 Sahaza Rd
Molina, FL 32577

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

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:

N/A

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

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>
AMBR	Monya T. Johnson	6199 Hwy. 95 A North	<input checked="" type="checkbox"/> Add
		Molino, FL	<input type="checkbox"/> Remove
		32577	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE OF FLORIDA

N/A

ALLIANCE FIDUCIARY

2016 APR 12 AM 8:06

Effective date, if other than the date of filing:

04/12/2016

(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 6050207

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

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
) The 90th day after the record is filed.

Dated 04/12

2016

Manya T. Johnson

Signature of a member or authorized representative of a member

Manya T. JOHNSON

Typed or printed name of signee