

L16000157304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

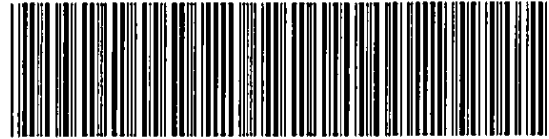
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tri-State Builders and Remodeling 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:

Malgorzata Szymczyk
Name of Person

Tri-State Builders and Remodeling LLC
Firm/Company

144 Captains Pointe Circle
Address

Saint Augustine, FL 32086
City/State and Zip Code

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

For further information concerning this matter, please call:

Malgorzata Szymczyk at (201) 725-0183
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2003 JUN 25 AM 11:55

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

Tri-State Builders and Remodeling 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 8-22-2016 and assigned Florida document number L16000157304.

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)

N/A 2123
26

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

55

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:

Malgorzata Szymczyk

New Registered Office Address:

144 Captains Pointe Circle

Enter Florida street address

St. Augustine, Florida 32086
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.

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>
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AMBR	Malgorzata Szymczyk	144 Captains Pointe Circle St Augustine, FL 32086	<input checked="" type="checkbox"/> Add
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AMBR	Tomasz Szymczyk	144 Captains Pointe Circle St Augustine, FL 32086	<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please Change MGR Maciej Szymczyk
address

New address: 108 Bottlebrush Dr
Saint Augustine, FL 32086

Old address: 57 Moultrie Village Ln
St Augustine FL 32086

Thank you

E. 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 April 24th, 2023

Signature of a member or authorized representative of a member

MALGORZATA SZYMCHYK

Typed or printed name of signee

Filing Fee: \$25.00