

416000 192658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

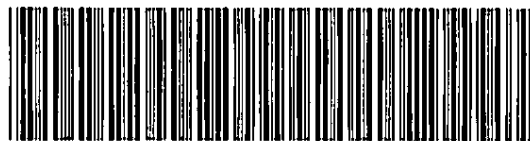
(Business Entity Name)

(Document Number)

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09/11/20--01010--011 \*\*25.00

FILED  
2020 SEP 11 AM 8:11  
U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C.

OCT 21 2020

S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SUNSHINE STATE CONSTRUCTION GROUP 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:

ARLETHA SCOTT

Name of Person

Firm/Company

5105 MYRTLEWOOD DR

Address

SANFORD FL 32771

City/State and Zip Code

sunshinestateconstructionllc@gmail.com

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

For further information concerning this matter, please call:

ARLETHA SCOTT

407 6751684

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 Address:**

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

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

SUNSHINE STATE CONSTRUCTION GROUP 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 10/19/2016

Florida document number L16000192658

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)

5105 MYRTLEWOOD DR

SANFORD FL 32771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5105 MYRTLEWOOD DR

SANFORD FL 32771

**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:

ARLETHA SCOTT

New Registered Office Address:

5105 MYRTLEWOOD DR

*Enter Florida street address*

SANFORD

*City*

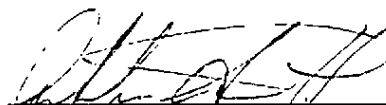
Florida

32771

*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

**FILED**  
2020 ~~NOV~~ <sup>SEP</sup> 11 AM 8:12  
CLERK OF CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE COUNTY OF SANFORD, FLORIDA

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>                      |
|--------------|-------------------------|---------------------|--|
| MGR          | ARLETHA SCOTT           | 5105 MYRTLEWOOD DR  | <input checked="" type="checkbox"/> Add    |
|              |                         | SANFORD FL 32771    | <input type="checkbox"/> Remove            |
|              |                         |                     | <input type="checkbox"/> Change            |
| MGR          | ZACHARY HILLERY         | 5105 MYRTLEWOOD DR  | <input checked="" type="checkbox"/> Add    |
|              |                         | SANFORD FL 32771    | <input type="checkbox"/> Remove            |
|              |                         |                     | <input type="checkbox"/> Change            |
| MGR          | HERNANDEZ LUCERO, MARG/ | 1812 N HIAWASSEE RD | <input type="checkbox"/> Add               |
|              |                         | ORLANDO, FL 32818   | <input checked="" type="checkbox"/> Remove |
|              |                         |                     | <input type="checkbox"/> Change            |
|              |                         |                     | <input type="checkbox"/> Add               |
|              |                         |                     | <input type="checkbox"/> Remove            |
|              |                         |                     | <input type="checkbox"/> Change            |
|              |                         |                     | <input type="checkbox"/> Add               |
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[illegible]

(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.

Robert L. F.

Signature of a member or authorized representative of a member

Typed or printed name of signee