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(Document Number)
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4/14/23 V.L.C.

2023 FEB 10 AM 9: 37

COVER LETTER

Division of Corpor	rations		
SUBJECT: Lloyd's	Name of Limit	S Services, LLC.	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Lloyd	P. Se H(eS Name of Person	
		Firm/Company	- -
	2131F Stor	ne Creek drive	
-	Fleurng 1	Sland, FL. 302 City/State and Zip Code Cobe used for future annual report north	Mail.com
For further information conc	eerning this matter, please ca	И:	
Lloud S	Settles	at (104) 234-5 Area Code Daytime T	Clephane Number
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

(Name of the Limited Liability Company (A Florida Limited Lia	Seru (Ces, 11 C. as it now appears on our recordility Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L17000(05)9(0</u>	ere filed on <u>05-13-</u>	30 (7) and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Sterling Contractor Services, L. The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2023 SE
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		O AM 9: 37
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	, Fl	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro being filed to merely reflect a change in the registered office ac	erformance of my dutics, a ovided for in Chapter 605,	and I am familiar with and F.S. Or, if this document is

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

Title	Name	Address	Type of Action
-			
			Remove
			□Add
			□Remove
			\Add
			Remove
			Change
			□Add
			Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

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f an effective <u>Note:</u> If the	date, if other than the date of filing:
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after t
record spe d is filed.	
d is filed.	Feb. 6 3033.
d is filed.	Feb. C Signature of a member or authorized representative of a member

Filing Fee: \$25.00