47000120419

(Requestor's Name)
(Address)
(Address)
(,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



400301024184

07/09/17--01009--009 (+25.00

2017 JUL -6 A II: 5

D BRUCE

COVER LETTER

* Division of Cor	rporations					
SUBJECT:	S & K GENEER	AL INSTALATIONS ELC				
SCHARCE:	Name of Lin	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.				
Please return all correspo	ondence concerning this matter	to the following.				
		SERGIO LOPEZ				
	Name of Person					
S & K GENEERAL INSTALATIONS LLC						
Firm Company						
13450 SW 183 LANE						
	Address					
MIAMI, FL 33177						
		City State and Zip Code				
		W8188@AOL.COM				
	F-mail address: (to be used for future annual report notification)	2017 			
For further information c	oncerning this matter, please c	all:	TOTAL TI			
SERGE	O LOPEX	786 786-287-2816	AHASSEMA A			
Name o	of Person	at () Area Code Daytime Telepho	one Nimber			
			A III			
Enclosed is a check for the	he following amount:		<u> </u>			
■ \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S & K GENEERAL I	NSTALATIONS LLC	•	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears ed Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	06/26/2017	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company her	<u>e</u> :	
S & K GENERAL INSTALATIONS LL	C		
the new name must be distinguishable and contain the words "Limited I is	ability Company," the de-	signation "I I C" or the a	bbreviation "L.L C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
		TA[
		L _{C.}	<u> </u>
Enter new mailing address, if applicable:		AHAS	-
		S: 0	
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
	-		
			r ni.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records: enter	ithe name of the
egistered agent and/or the new registered office address in	<u>cre</u> .		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florie	la street address	
		, Florida	
	Cuv		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. Thereby 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 = A	authorized Member		
<u>Title</u>	<u>N</u> ame	Address	Type of Action
			□ Remove
			☐ Change
·			
			☐ Remove
			☐ Change
			Add
			☐ Remove
		- <u> </u>	□ Change
			7017 JUL
			ARASSEL - 6
			F
			☐ Remove
			☐ Change
			☐ Remove
			Change

		_						
				<u>.</u>				
					<u> </u>			
			<u> </u>			<u> </u>		
							_	
•								
				<u></u>		— 	— rs-	
						<u>X</u>	2017	
						HAS		=
						SEE.	o	П
	-			_		- F 	=	Ö
							2	
-								
								
`ffective a	date, if other than the d	ate of filing:	C	6/26/2017		(optia	nal)	
l'an effectiv	e date is listed, the date must life date inserted in this bloc	e specific and e	annot be prior t			0 days after	filing.) Po	
	s effective date on the Dep							
e rec∆rc	d specifies a delayed	effective da	te but not	an effectiv	e time at	12:01 a	m on	the earli
	th day after the reco		te, bat not		J J			
N	June 26th		2017					
zated		Signature of a me		·				
		<i>-</i>	/	4				

Page 3 of 3

Filing Fee: \$25.00