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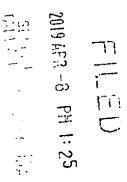
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## **COVER LETTER**

Division of Corpo	rations		
SUBJECT: SUA		RUCTION LLC ed Liability Company	
	nendment and fee(s) are subm	-	
Please return all correspond	ence concerning this matter to	the following:	
		JT J FAZZES  Name of Person	
	SUNCAT	CONSTRUCTION Firm/Company	V LLC
	7535 E	ENTERPRISE DI	RNE
	RIVIER	A BEACH FL City/State and Zip Code	33404
	VINNE E-mail address: (to	1268 @ AOL. CO be used for future annual report notificati	on)
	cerning this matter, please cal		
VINCENT Name of Po	FAZZESE erson	at (56) lo 19 - Area Code Daytime Tel	- 2760 ephone Number
Enclosed is a check for the	following amount:		
S25.00 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:

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
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNCAT CONSTR	RUCTION LLC 1/9 1/1
(Name of the Limited Liability Compan (A Florida Limited Li	
The Articles of Organization for this Limited Liability Company via Florida document number $\frac{L17000024914}{1}$ This amendment is submitted to amend the following:	were filed on $\frac{06/07/2017}{2017}$ and assigned $\frac{3}{2}$
A. If amending name, enter the new name of the limited liabil	lity company horo:
SUNCAT CUSTOMS L  The new name must be distinguishable and contain the words "Limited Liability"	LC
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	7535 ENTERPRISE DRIVE RIVIERA BEACH FLA 33404
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	115 BRAVADO LN APT. # 1  PALM BEACH SHORES, FL.3340
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
The statement of the st	

'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>	Address	Type of Action
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			□ Remove
			☐ Change
			Add
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Filing Fee: \$25.00