L17000132633

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

Office Use Only



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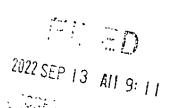
COVER LETTER

то:	Registration Sec Division of Corp			•
SUBJI	ECT:	Name of Limi	ited Liability Company	
The er	iclosed Articles of .	Amendment and fee(s) are sub	mitted for filing,	
Please	return all correspo	ndence concerning this matter	to the following:	
			Name of Person	
			FimvCompany	
			Address	
			City/State and Zip Code	
For fu	rther information c	E-mail address: (to be used for future annual report not all:	ification)
	Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclo	sed is a check for the	he following amount:		
'ī \$	25.00 Filing Fee	[] \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres	ss:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

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

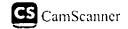
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BUILDING PERMITS & CONSULTING SELVICES & CONSULTANT & CONSULTANT

[\] hwate imited	Establity Company)	·- · 1 1
The Articles of Organization for this Limited Liability Company Florida document number 417 000132 633.	were filed on <u>6/19/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
SFL CONSTRUCTION SERVICE The new name must be distanguishable and contain the words "Limited Liahi	lity Company," the designation "LLC" or the ab	breviation "L.L.C "
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent und/or registered office agent and/or the new registered office address here:	address on our records, enter the name	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin Ciule
New Registered Agent's Signature, If changing Registered Agent:		24-2021
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agr r performance of my duties, and I am f provided for in Chapter 605, F.S. Or,	amiliar with and if this document is

11 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			☐ Change
-			🗆 Add
			□Remove
			□Change
			□Add
			□Renюve
			[]Change

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ate: If	e date, if other than the flate of filing: tive 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 605.0. The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at a effective date on the Department of State's records.
record is filed	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
ned	DECENBER 15 2022
	Signature of a member or authorized representative of a member
	NICOLA BELL Typed or printed name of signee

Filing Fee: \$25.00



December 9, 2022

NICOLA BELL 9420 E PLUM HARBOR WAY TAMARAC, FL 33321

SUBJECT: BUILDING PERMITS & CONSULTING SERVICES LLC

Ref. Number: L17000132633

We have received your document for BUILDING PERMITS & CONSULTING SERVICES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU ARE MISSING A PAGE TO YOUR AMENDMENT.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 222A00027349

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

