## 47000197054

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	i
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## **COVER LETTER**

TO: Registration S Division of Co			
Sinclair Qu	nality Construction LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Howard J. Sinclair		
	Sinclair Quality Construction	Name of Person on	
	317 Donald Lane	Firm/Company	·
	Winter Haven/ FI 33880	Address	
	hjsinclair1127@gmail.com	City/State and Zip Code	
For further information	E-mail address: () concerning this matter, please co	to be used for future annual report notif all:	ication)
Howard Sinclair		863 2695597	
Name	of Person	at ()	: 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sinclair Quality Construction	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)
he Articles of Organization for this Limited Liability Company we	ere filed on 09/22/2017 and assigned
lorida document number L17000197054	
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liabilit	ty company here:
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	<u></u> <u>≈</u>
Principal office address MUST BE A STREET ADDRESS)	
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:  Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<del></del>	, Florida City Zip Code
	Ciù. Sib Com

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 peing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany 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> Jeremy Whitman	Address	Type of Action
MGR			
		4371 Diamond Road, Winter Haven, Fl. 33880	Remove
			☐ Change
			□ Add □ 0 □ Remove
			O Change T
			Co Co Remove
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			☐ Remove
			☐ Change

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Offective date, if other than	the date of filing:	(optional)
Note: If the date inserted in thi	must be specific and cannot be prior to date of s block does not meet the applicable statt e Department of State's records.	filing or more than 90 days after filing.) Pursuant to 605.0207 utory filing requirements, this date will not be listed as
e record specifies a dela The 90th day after the	yed effective date, but not an ef record is filed.	fective time, at 12:01 a.m. on the earlier o
Dated	2018	
, /	Signatur of a member or authorized rep	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00