L18000075865

(Re	questor's Name)	
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(Ad	dress)	
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		10
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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JUN 29 2020

AUG 1 1 2020 S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: Ark	CONSTRUCTION Name of Limit	on and consider Liability Company	ulting LLC
	Amendment and fee(s) are subsidence concerning this matter	-	
	Alexande	r Funaro Name of Person	
	Ark Constr	uction and Con Firm/Company	sulting LLC
	9900 Summe	riake groves St.	
		City/State and Zip Code	
For further information co	E-mail address (to	CARKCC · NET so be used for future annual report notifile.	fication)
Allxander	Funaro	at (407) 403 Area Code Daytim	3587 e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\	☐ \$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 S Division of Co P.O. Box 6323	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ark Construction and (Name of the Limited Liability Company) The Articles of Organization for this Limited Liability Company Florida document number L1800075865	any as it now appears on our records.) Liability Company) were filed on 3 23 2018 and assigned.
This amendment is submitted to amend the following:	• •
A. If amending name, enter the new name of the limited liable and contain the words "Limited Liable Enter new principal offices address, if applicable:	SUP LLC
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	JUHE 200°, WINDERWOOR, FT 34780 LESZIO Old brick Rd. Suite 120, PMB 114, Windermer, F1 34780
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: Minder	onry Windermer Rd. Suite 200 Inter Florida street address Mere . Florida 34786

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, I hereby confirm that the limited liability company has been notified in writing of this change.

City

Zip Code

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
			🗆 Vqq
			□Remove
			□Change
			□Add
			□Remove
			□Change
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n effectiv <u>ste:</u> If t	date, if other than the date over date is listed, the date must be spe he date inserted in this block do's effective date on the Departm	cific and cannot be prior to es not meet the applicab	date of filing or more		g.) Pursuant to 605.020
ecord sp is filed.	pecifies a delayed effective date,	but not an effective tim	e, at 12:01 a.m. on	the earlier of: (b) T	he 90th day after the
ted	June 21eth	2020	.·		
	Signan	are of a member or authori	zed representative of	a member	
	Alexander	Funaro			
	11.0000	Typed or printed		_	