

L18000178209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

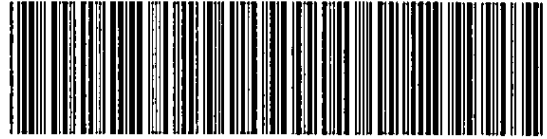
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Sunstate Contractors, LLC
2697 S.W. Domina Rd.
Port Saint Lucie, FL 34953

NO\$

Office Use Only



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10/02/19--01008--005 **25.00

FILED
2019 SEP 23 PM 2:40
TALLAHASSEE, FLORIDA

FILED

2019 - 109



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2019

SUNSTATE CONTRACTORS, LLC
2697 SW DOMINA RD
PT ST LUCIE, FL 34953

SUBJECT: A & K REMODELS LLC
Ref. Number: L18000178209

We have received your document for A & K REMODELS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 419A00012844

RECEIVED
JUN 28 3 30 PM '19
2019

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

A & K REMODELS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SEP 23 P 2 40

The Articles of Organization for this Limited Liability Company were filed on 07/25/2018 and assigned
Florida document number L18000178209.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NA

New Registered Office Address:

Enter Florida street address

Florida

City

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, 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

RECEIVED

JUN 10 2019

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ALAN M GARCIA	1742 SW PENROSE AVE. PORT ST LUCIE, FL 34953	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

NA

(If an effective 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 605.0207 (3)(b)

Dated JUNE 5TH

2019

Signature of a member or authorized representative of a member

JOHN M. GARCIA (AMBR)

Filing Fee: \$25.00