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





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COVER LETTER

TO: Registration Sect Division of Corpo			•
SUBJECT:	SterCruft H	ted Liability Company	eling, LLC
Division of Corporations			
Please return all correspond	lence concerning this matter t	o the following:	
	Carol	YNE OFEIZ	
	<u>MasterCraf</u>	Home Re	modeling, LLC
	<u> </u>	Unite Cliffs Address	Way
	E-mail address: (t	2008 On future annual rep	nail.com ort notification)
For further information cor	ncerning this matter, please ca	II:	
Cardyne Name of I	Person	at (S/3) L Area Code	Daytime 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 enclose	Sed) \$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

(Name of the Limited Liability Compa (A Florida Limited I		
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L190006756</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
-		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6	
Principal office address MUST BE A STREET ADDRESS)		9
-		
		1
Enter new mailing address, if applicable:	<u> </u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		بي ;
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		r records, <u>enter the name of the n</u>
New Registered Office Address:	Enter Florida s.	treet address
	Zarrico a recordidado	

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

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	Carolyne Ortiz	1000 White Cliffe Way	🖟 Add
		Tampa FL 33625	☐ Remove
			Change
			□ Add
			C Remove
			Change
			Add
		 	□ Remove
			☐ Change
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ecti	ive date, if other than the date of filing: (optional)
eff	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
um	ent's effective date on the Department of State's records.
гес	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
he	90th day after the record is filed.
	7 0 3-15
ed	January 9 2019
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00