

L19 000036148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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05/23/19--01003 -021 **25.00

FILED
2019 JUL -2 A 9:06
TALSON, CLERK OF COURT

D SCOTT

JUL 2 2019



18500 SW 267th Street
Homestead, Florida 33031
786-378-4366

FILED
JUL -2 A 9:05
2019

June 26, 2019

Ms. Dion Scott
Florida Dept of State
Division of Corporations
Amendment Dept
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Document #: L19000036148

Dear Ms. Scott:

Attached please find the correct amendment form executed for the above mentioned document.

An incorrect form was sent previously along with a check (#1183) for \$25 to execute the removal of the name Miquel F Tamayo from our company registration. As such, the \$25 fee for this correct amendment form has been waived.

It would be greatly appreciated if this amendment could be done immediately as the opening of a new company account is not possible without this amendment.

Thank you very much for your assistance in this matter,

Respectfully,

Michael Tepedino

RECEIVED

JUL 02 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunshine State Renovation LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Tepedino

Name of Person

Sunshine State Renovation LLC

Firm/Company

18500 SW 267th Street

Address

Miami, Florida 33031

City/State and Zip Code

metjet3711@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Tepedino

at (786) 378-4366

Name of Person

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 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**

Sunshine State Renovation LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/05/2019 and assigned
Florida document number L19000036148.

This amendment is submitted to amend the following:

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

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:

(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 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:

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

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 | TAMAYO, MAIQUEL F | 18500 SW 267TH ST. HOMESTEAD, FL 33031 | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |
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E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Michael Texeira
Signature of a member or authorized representative of a member

Typed or printed name of signee