119000102906

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	2 #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(De	cument Number)	
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Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
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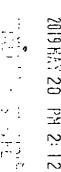
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R. WHITE
JUN 0 4 2019



COVER LETTER

	Registration Se Division of Cor			
SUBJEC	SUNSTAT	E WINDOWS & MORE LLC		
308,60	· I ·	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		CHEYENNE YEAREGO		
			Name of Person	<u> </u>
		SUNSTATE WINDOWS	& MORE LLC	
			Firm/Company	
		16207 SW 56TH AVENU	E	
			Address	
		OCALA FL 34473		
			City/State and Zip Code	
		Rocksdemoco	acl. com to be used for future annual report notif	
		E-mail address: (to be used for future annual report notif	ication)
For furthe	er information co	oncerning this matter, please ca	all:	
CHEYE	NNE YEAREGO	0	352 208-5612	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	S30.00 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:

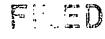
TO:

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



2019 Máy 20 PM 2: 11

(Name of the Limited Liability Comp (A Florida Limited The Articles of Organization for this Limited Liability Company Legida decumpant purposes L19000102906		•••	is the
he Articles of Organization for this Limited Liability Company		•••	is the
he Articles of Organization for this Limited Liability Company lorida document number L19000102906	y were filed on $rac{0\cdot}{}$	1/15/2019	
Jorida dogument number L19000102906			and assigned
iorida document number			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company h	ere:	
he new name must be distinguishable and contain the words "Limited Liab	oility Company." the o	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)			
3. If amending the registered agent and/or registered o	office address or	ı our records, <u>ente</u>	r the name of the
egistered agent and/or the new registered office address her	<u>re</u> :		
Name of Nino Business d. 4			
Name of New Registered Agent:			
New Registered Office Address:	-		
	Enter Flo.	rida street address	
		Florida _	
	City		Zip Code
ew Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

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>	Address	Type of Action
OWNER	CHEYENNE YEAREGO	16207 SW 56TH AVE	
	 		= Add
		OCALA FL 34473	Remove
			□ Change
MGR	SHERRY CAIN	16207 SW 56TH AVE	B Add
		OCALA FL 34473	
			☐ Change
			П Remove
		☐ Change	
			□ Add
			Remove
			☐ Change
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Effective date, if other than the date (If an effective date is listed, the date must be sponse): If the date inserted in this block document's effective date on the Department.	ides not meet the appli	cable statutory filing	(optiona re than 90 days after filir requirements, this da	l) ng.) Pursuant to 605.0207 (he will not be listed as t
the record specifies a delayed efforther. The 90th day after the record in the record in the second	ective date, but n is filed.	ot an effective tir	me, at 12:01 a.m	. on the earlier of:
Dated MAY 15TH	2019			
	0	///		
SHERRY CAIN	ture of a member or aut	horized representative o	fagnember	

Page 3 of 3

Filing Fee: \$25.00