LP000 129 736

(Re	questor's Name)	
(Ad	ldress)	<u>.</u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
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08/30/19--01037--018 **25.00



Amend

OCT 1 6 2019

I ALBRITTON

COVER LETTER

	Registration Sec Division of Corp			
(11 11 11 Z)		ATE CONTRACTING SERVI	ICES LLC	
SUBJEC	1:	Name of Limi	ted Liability Company	
The encle	osed Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please ret	urn all correspon	dence concerning this matter t	to the following:	
		LEONARD D. TULLO		
			Name of Person	
		SOUTH STATE CONTRA	ACTING SERVICES LLC	
			Firm/Company	
		515 SW 29TH TERRACE		
			Address	
		CAPE CORAL, FL 33914		
			City/State and Zip Code	
		EXPPERMIT@COMCAST	NET	
		E-mail address: (t	to be used for future annual report notific	cation)
For furth	er information co	ncerning this matter, please ca	dl:	
LEONA	RD D. TULLO		239 671-4911 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	following amount:		
₹ \$25.0	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:

. . .

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clitton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH STATE CONTRACTING SERVICES 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 <u>05/13/20</u>	and assigned
Florida document number L19000129736		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designat	ion "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 of registered agent and/or the new registered office address her		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Neglitered Office / Nedicin	Enter Florida street address Florida City Zip Code	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	1	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is

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
MGR	LINDA M. PHELPS	6 OLD BIRCH COURT	
		BLAIRSVILLE, GA 30512	Add
			□ Remove
			Change
			□ Remove
			☐ Change
			☐ Remove
			Change
			Add
			□ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change

				
				
				
				
				
ective date, if other than the date (of filing:		(optional)	
n effective date is listed, the date must be spe	ecific and cannot be prior:	o date of filing or more than	90 days after filing.) Pursuant	to 605.0207
te: If the date inserted in this block do rument's effective date on the Departm		ble statutory ining requir	ements, this date with not t	e usied as
record specifies a delayed effe		an effective time, a	it 12:01 a.m. on the	earlier of
The 90th day after the record is	i filed.			
SEPTEMBER 26	2019	\cap		
ted	<u></u>	< / //		
	// n () -) //		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee