## 119000150136

(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:

Office Use Only



500349319855

08/05/20--01016--019 \*\*25.00

2020 AUG - 5 AM 8: 19 SEORI MRY VE STATE

CCT 0 - 2020

## **COVER LETTER**

SUBJECT:	Acosta Affordable Roofing LLC					
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Lazaro Acosta					
	Lazaro Acosta					
		Name of Person				
Firm/Company						
	104 Mahogany Dr					
Address						
	Seffner, FL 33584					
	<del></del>	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
	lazaroacosta l 18@yahoo.com					
	E-mail address: (	to be used for future annual report notifi	ication)			
For further information c	oncerning this matter, please co	all:				
Lazaro Acosta		813 808-2777 at ()				
Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25.00 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: Registration Section Division of Corporations P.O. Box 6327

Registration Section Division of Corporations

TO:

Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Acosta Affordable Roofing LLC		=			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears of Liability Company)	on our records.)	1		
The Articles of Organization for this Limited Liability Company	were filed on	06/06/2019	<u></u> -	_ and as	ssigned
Florida document number 1.19000150136					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here	<b>:</b>			
Six Stars Construction LLC					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desi	gnation "LLC"	or the abbre	viation "	L.L.C."
Enter new principal offices address, if applicable:			***	٠.	
• •			(र्ग्न) > , ऽ	2020	
Principal office address MUST BE A STREET ADDRESS)	•			Aug	
		<del></del>		1	
			<i>55</i> ₹	5	
Enter new mailing address, if applicable:	<u>-</u>		<u> 현광</u> 한공	<u> </u>	$\overline{\mathbf{m}}$
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	œ	0
			1	9	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	ords, <u>enter tl</u>	ne name o	of the no	ew regis
Name of New Registered Agent:		<del></del>			
New Registered Office Address:					
	Enter Florid	a street address			
		, Flor	ida		
	City	<del></del>		Zip Code	ġ.

## 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>	Name	Address	Type of Action
			□ Add
			□ Remove
			□Change
			□Add
			☐ Bemove
			SS S A Add Remove
			□ Change
			□Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (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) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. 2020 Dated Signature of a member or authorized representative of a member Lazaro Acosta Typed or printed name of signce