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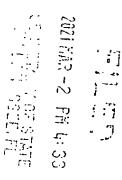
(Reque	estor's Name)	
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(City/S	tate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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JANDI

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sun Stine (ROCK TROSPORTEHION IC
The enclosed Articles of Amendment and fee(s) at	re submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Rica	Name of Person
SUIFFINE	ROCK TRANSPORTETION (C.
<u>2582 0</u>	MENTRURINE ST.
	City/State and Zip Code City/State and Zip Code
For further information concerning this matter, ple	
Riccio HARLES F 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 State	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Singhire Road Train (Name of the Limited Liability Compar (A Florida Limited L	iny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number L2003(650).	were filed on $01/20/3020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
Alligator Plumbing S The new name must be distinguishable and contain the words "Limited Liabili	ERVICES LLC lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3353 WAUSEON Dr.
(Principal office address MUST BE A STREET ADDRESS)	De liver Color Col
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3353 Wauser Dro St. Claud FC 38772
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<u></u>	, 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 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
				_ 🗆 Add
				_ □Remove
				_ □Change
				_ □Add
				_ □Remove
			(5 <u>5</u> 5	_ 🗆 Change
			2921 KNR -2	_ □Add
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Effective date, if other than the date of filing fan effective date is listed, the date must be specific an Note: If the date inserted in this block does not document's effective date on the Department of	ig: (2) (2) d cannot be prior to da meet the applicable	te of filing or more than 90		
record specifies a delayed effective date, but no d is filed.	t an effective time, (at 12:01 a.m. on the earl	ier of: (b) The (90th day after the
Dated February 23 Signature of a	, 201 15 Ch member or authorized	I representative of a memb	er	
Ricardo	Typed or printed na	ues Del	_02_	