LZ0000158463

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Office Use Only			



10/19/20--01029--013 **30.00

R. WHITE NOV 2 3 2020

د. ~~ .

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	Sunshine Construction of North Florida 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:

Elsy Vasquez

Name of Person

Sunshine Construction of North Florida LLC

Firm/Company

4639 Autumn Woods Way

Address

Tallahassee, FL 32303

City/State and Zip Code

elsy.vasquez1589@gmail.com

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

For further information concerning this matter, please call:

 Elsy Vasquez
 850
 559-0540

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 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

Sunshine Construction of North Florida LLC	7. 19 5" higg		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000158463</u> .	were filed on <u>06/09/2020</u> and assigne	d	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :		
Vasquez Cleaning Services LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	•	
Enter new principal offices address, if applicable:	4639 Autumn Woods Way		
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee FL 32303		
Enter new mailing address, if applicable:	4639 Autumn Woods Way		
(Mailing address MAY BE A POST OFFICE BOX)	Tallahassee FL 32303		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter the name of the new res</u> Enter Florida street address	<u>gistered</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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

-

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			□Change
		<u> </u>	🗆 Add
			□Remove
			Change
			🗆 Add
			□Change
			🖸 Add
			□Change
			🗆 Add
			□Change
			🗆 Add
			🗋 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.

Dated	October 14	4	2020			
		Eat				
		Signature of a n	nember or authoriz	ed representative	of a member	
	Elsy Vasquez					
			Typed or printed	name of signee	·	