L2000360885

(i	Requestor's Name)	
	Address)	
(/	Address)	
(0	City/State/Zip/Phone #)	
☐ SICK-NЪ	☐ WAIT	MAIL
(i	Business Entity Name)	
1)	Document Number)	
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	Sugar Sand	s Painting LLC		
SUBJEC		Name of Lim	ited Liability Company	
The enclu	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Dustin Hippensteel		
			Name of Person	
		Sugar Sands Construction	LLC	
			Firm/Company	
		5111 Dogwood Dr #3545		
			Address	
		Milton, FL 32572		
			City/State and Zip Code	
		hippensteeld@yahoo.com	to be used for future annual report noti	F
For furthe	er information c	oncerning this matter, please ca		neation)
Dustin H	ippensteel		850 776-8780 at ()	
	Name o	t Person	Ārea Code Daytim	e Telephone Number
Enclosed	is a check for th	he following amount:		
ì ⊠ \$25,0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Sugar Sands Painting LLC		2021
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on ou d Liability Company)	or records.) 2024 JUL 17 PM 3: 28
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{1.20000360885}{1.000000000000000000000000000000000000$	ny were filed on 11/16/202	and assigned [1]
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Sugar Sands Construction LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designat	ion "L1.C" or the abbreviation "L.1C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	P.O. Box 3545, MILTO	ON, FL 32572
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records	s, enter the name of the new registered
New Registered Office Address:	Enter Florida stre	et address
		, Florida
	City	Zip Code
NO TO TAKE A STATE OF THE TAKE		

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>	<u>Name</u>	Address	Type of Action
			🗆 Add
			Remove
			□Change
			🗀 Add
			□Remove
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			Change

			
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ffective date, if other than the dat an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Depar	specific and cannot be prior to d does not meet the applicable	ate of filing or more than 90 day	(optional) ys after filing.) Pursuant to 605.0207 (its, this date will not be listed as t
record specifies a delayed effective da I is filed.	e, but not an effective time,	at 12:01 a.m. on the earlier	of: (b) The 90th day after the
July 16th	2()24		
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一)		
Sign	ature of a member or authorize	ed representative of a member	