

h22 000073615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

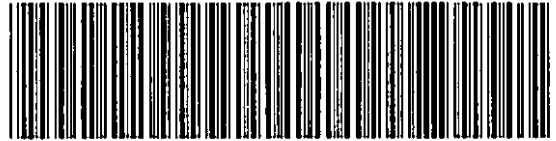
(Business Entity Name)

(Document Number)

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2022 MAY 27 PM 5:42
CLARK
FLORIDA

AUG 3 2022
S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C & M Concrete Cutting 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:

Carlos Yeguez

Name of Person

[Signature]
Firm/Company

19716 Wyndmill Cir

Address

Odessa FL 33556

City/State and Zip Code

StarlineSupplies@gmail.com

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

For further information concerning this matter, please call:

Carlos Yeguez

Name of Person

at (407) 360 43 46

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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:

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

C&M concrete cutting LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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STATE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/14/2022 and assigned
Florida document number L22000073615

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Starline Supplies & Tools LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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)

19716 Wyndmill cir
Odessa Florida 33556

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Thornton Michael	5000 Colbreath Key way	<input type="checkbox"/> Add
		8315 Tampa Fl 33611	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Yeguez Carlos	19716 Wyndmill cir	<input type="checkbox"/> Add
		Odessa Fl 33556	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	Jesika Arayo	19716 Wyndmill cir	<input checked="" type="checkbox"/> Add
		Odessa Fl 33556	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

① Article

Other Provisions if Any:

Multiple Services / sell Supplies and Tools.

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 May 23, 2022.

Signature of a member or authorized representative of a member

Carlos Yeguez

Typed or printed name of signee

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2022 MAY 27 PM 5:42
STATE
FLORIDA