

L22000118420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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Division of Corporations
TALLAHASSEE, FLORIDA

2022 JUN 22 PM 3:08

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JUN 22 PM 3:40

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: S CONSTRUCTION GROUP 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:

Ruslan Abdrshin

Name of Person

Firm/Company

18101 Collins Ave., Unit PH206

Address

Sunny Isles, FL 33160

City/State and Zip Code

rabdrshin@gmail.com

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

For further information concerning this matter, please call:

Ruslan Abdrshin

Name of Person

at (754)

Area Code

777-2011

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**

FILED

2022 JUN 22 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Construction Group LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/08/2022 and assigned Florida document number 1.22000118420.

This amendment is submitted to amend the following:

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

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:

1238 NE 17th Ave , #1

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale, FL 33304

Enter new mailing address, if applicable:

1238 NE 17th Ave , #1

(Mailing address MAY BE A POST OFFICE BOX)

Fort Lauderdale, FL 33304

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:

Ruslan Abdrshin

New Registered Office Address:

1238 NE 17th Ave , #1

Enter Florida street address

Fort Lauderdale

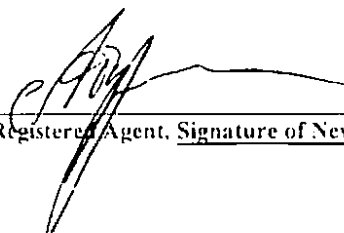
City

Florida 33304

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>
Director <i>MANAGER</i>	Ruslan Abdrshin	18101 Collins Ave, PH206, Sunny Isles Beach, Florida, 33160	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<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.)*

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 June 1st , 2022

Signature of a member or authorized representative of a member

Rustan Abdulin
Typed or printed name of signee