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Return address

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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations S&S CONSTRUCTION AND FLOORING LLC SUBJECT: 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: STEVE P POLLETTA Name of Person S&J CONSTRUCTION AND FLOORING Firm/Company 3000 NE INDIAN RIVER DRIVE STE 631 Address JENSEN BEACH, FL 34957 City/State and Zip Code stevepolletta@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: STEVE P POLLETTA 418040 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S&J CONSTRUCTION AND FLOORING LLC

2027 - 29 F" 4: O4

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

ere filed on 06/07/2022 and assigned and assigned ty company here:			
ty company here:			
ty company here:			
Company." the designation "LLC" or the abbreviation "L.L.C.			
3000 NE INDIAN RIVER DRIVE			
STE 631			
JENSEN BEACH, FL 34957			
79 WEST WILLOW STREET			
BEACON, NY 12508			
dress on our records, enter the name of the new re			
Enter Florida street address			
, Florida City Zip Code			
3 S J 7 E -			

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
MGR	STEVE P POLLETTA	3000 NE INDIAN RIVER DRIVE STE 631	= Add
		JENSEN BEACH, FL 34957	□Remove
			□Change
			🗆 Add
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