L23000092339

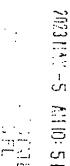
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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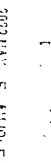
Office Use Only



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EDELICE OF HERET CONTRACTOR





COVER LETTER

Registration Section Division of Corporations

TO:

	State Construction, LLC				
SUBJECT:	Name of Lin	ited Liability Company			
	of Amendment and fee(s) are sub	-			
	Adam Anderson				
		Name of Person			
	Sunshine State Construction	on, LLC			
		Firm/Company			
	7463 Oriole St			, -	20
			23 1		
Jacksonville, FL 32208					
		City/State and Zip Code			ران م
	Sunshinestateconstruction	c@gmail.com		i un	=
	E-mail address: (to be used for future annual report noti	(fication)	7	AH 10: 5
For further information	concerning this matter, please c	all:		ET l	-
Adam Anderson		904 608-0913 at ()			
Name of Person			ne 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)	S60.00 Fill Certificate Certified (additional c	e of Statu Copy	
<u>Mailing Addr</u> Registration Division of		<u>Street Address:</u> Registration Se Division of Cor			
P.O. Box 6. Tallahassee		The Centre of T 2415 N. Monro	Tallahassee e Street, Suite 81	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine State Construction, LLC					
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record Liability Company)	5.)			
The Articles of Organization for this Limited Liability Compan Florida document number L23000092339	a	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company here:				
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC	or the abbrevia		.C."	
Enter new principal offices address, if applicable:		: 1/2	2023		
(Principal office address MUST BE A STREET ADDRESS)		[-	5		
- · · · · · · · · · · · · · · · · · · ·	<u> </u>		1	* 1 - 1	
		• ,			
Enter new mailing address, if applicable:		٠) 	.]	
(Mailing address MAY BE A POST OFFICE BOX)		77	ي :		
		111			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	e address on our records, enter		he new	registere	
	E1.	:			
	City . FIC	orida Zip	Code		
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>				
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and provided for in Chapter 605, i	nd I am famili F.S. Or, if this	ar with s docum	and nent is	

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
AP	Ashli Clark	7463 Oriole St	□Add
		Jacksonville, FL 32208	Remove
			□ Change
AP	Adam Anderson	7463 Oriole St	= Add
		Jacksonville, FL 32208	□Remove
			☐Change
			□ Remove .
		f	Change
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

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			C1 :				<i>(</i>			
F6F4i J-4- id	listed, the date r	must be specif	fic and cannot	be prior to da		iore than 90		iling.) Pursua		
lf an effective date is	incorped in this	11 1 .	not meet the	applicable	statutory filir	g requiren	nents, this	date will no	t be liste	d as
If an effective date is Note: If the date	ive date on the	i block does : Departmen	it of State's r	records.						
If an effective date is Note: If the date	ive date on the	s block does : Departmen	nt of State's r	records.						
If an effective date is Note: If the date document's effect erecord specifies:	ive date on the	: Departmen			at 12:01 a.m.	on the ear	lier of: (b)	The 90th	day after	the
If an effective date is Note: If the date document's effect e record specifies:	ive date on the	: Departmen			at 12:01 a.m.	on the ear	lier of: (b)	The 90th		the
If an effective date is Note: If the date document's effect e record specifies and is filed.	ive date on the	: Departmen			at 12:01 a.m.	on the ear	lier of: (b)	The 90th		the
If an effective date is Note: If the date document's effect e record specifies and is filed.	ive date on the	: Departmen			at 12:01 a.m.	on the ear	lier of: (b)	The 90th	2023 HAY -	the
If an effective date is Note: If the date document's effect e record specifies and is filed.	ive date on the	e Departmen	ut not an effe	ective time, :	h An	la.		The 90th	2023 HAY	the
Effective date, if If an effective date is Note: If the date document's effect decreed specifies and is filed. Dated 4/7/2023	ive date on the	: Departmen	ut not an effe	ective time, :	at 12:01 a.m.	la.		The 90th	2023 HAY -	the

Filing Fee: \$25.00