L23000219895

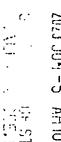
(Red	questor's Name)	
(Add	dress)	-
(Add	dress)	<u> </u>
(City	y/State/Zip/Phone	
(City	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
	siness Entity Nan	ne)
(23.	Silloso Elini, riali	,
(Do	cument Number)	
Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	
ı		

Office Use Only



300409381903

08/05/23--01018--020 ++80.00



023 JUH -5 AH 10: 1

COVER LETTER

Division	of Corporation	ons			
SUBJECT:	StS		UFING SEVVICES, Lited Liability Company	LC	
The enclosed Arti	cles of Amend	lment and fee(s) are sub	mitted for filing.		
Please return all e	orrespondence	concerning this matter	to the following:		
		SOPHIA DUVE	Name of Person	···	
	_	Sts central	ROOFING SEVVICES,	uc	
		18151 NW 1	44 ⁴⁴ AVE Address		
		WILLISTON, FL	32494 City/State and Zip Code	282	
		SSCENTVALVOOF E-mail address: (1	1ng@gmau.com	cation)	E
For further inform	ation concern	ing this matter, please ca	di:	un en	
Sophia	DUVP Name of Person		at (<u>904</u>) <u>2U3-</u> Area Code Daytime	854 D Telephone Number 22	•
Enclosed is a chec	k for the follo	wing amount:			
□ \$25.00 Filing	Fec 🗆 🕏	30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Registra	Address:	n	Street Address: Registration Sec	tion	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

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

St S Central (Name of the Limite)	YOUTING SLYVICES L d Liability Company as it now appears on A Florida Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L23000219899</u>		3,2023	and assigned	l
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability company here:			
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the design	nation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)		· 3	
				—— <u> </u>
			<u> </u>	
Enter new mailing address, if applicable:			<u></u>	— · .
(Mailing address MAY BE A POST OFFICE B	<u> </u>		<u> </u>	(*-
			To 5	
B. If amending the registered agent and/or re	nistared office address on our recor	de antor the no	ma of the new reg	
agent and/or the new registered agent and/or re	V	us, enter the ha	me or the new reg	stereu
Name of New Registered Agent:	SOPHIA A DUVAL	<u>e.</u> .		
New Registered Office Address:	18151 NW 144 th PNF Enter Florida s	Z treet address		
	WILLISTON	, Florida _	32696	
	City		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.

SUDWA DWOJ

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MER	STEPHEN M. VISNESKI	18151 NW 144+4 PUE, WILLISTON FL, 32694	\X\Add
			□Remove
			[]Change
MAR	SOPHIA A DUVAL		□Add
		18151 NW 194+4 AVE WILLISTON PL, 32494	XiRemove
			Change
			□ Add
			i i
			ElChange
			□Remove
			DChange
			🗀 Add
			□Remove
		<u></u>	□Change
			🗆 🗅 Add
			□ Remove

Typed or printed name of signee