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## DocuSign Envelope ID: 06F6F32E-17A0-45DE-AF42-1D1065372093 COVER LETTER TO: Registration Section **Division of Corporations** LUCKY STAR CONSTRUCTION SERVICE 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: SALIH KOCAK Name of Person LUCKY STAR CONSTRUCTION SERVICE LLC Firm/Company 4653 BELVEDERE CIR Address MILTON, FL 32571 City/State and Zip Code salihkocak@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SALIH KOCAK Name of Person Daytime Telephone Number Enclosed is a check for the following amount:

Mailing Address:

☐ \$25.00 Filing Fee

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

☐ \$30.00 Filing Fee &

Certificate of Status

Street Address:

■ \$55,00 Filing Fee &

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

☐ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

## DocuSign Envelope ID: 06F6F32E-17A0-45DE-AF42-1D1065372093 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LUCKY STAR CONSTRUCTIO	SERVICE LL	C .
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(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 L	iability Company	were filed on MARCH 05,	2024 and assigned
Florida document number <u>L24000113919</u>			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	of the <u>limited liab</u>	ility company here:	
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	4653 BELVEDERE CIR	
(Principal office address MUST BE A STREE	ET ADDRESS)	MILTON, FL 32571	<u> </u>
		<del></del>	
Enter new mailing address, if applicable:		4653 BELVEDERE CIR	2021 Si
(Mailing address MAY BE A POST OFFICE	BOX)	MILTON, FL 32571	一一一
B. If amending the registered agent and/or a	registered office :	address on our records, en	iter the name of the new registered
agent and/or the new registered office addre	ss here:	audi (33 on our records, <u>er</u>	7
Name of New Registered Agent:	SALIH KOCA	K	
New Registered Office Address:	4653 BELVED	ERE CIR	
	Enter Florida street address		
	MILTON		, Florida <u>32571</u>
		City	Zip Code
New Registered Agent's Signature, if changing			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registery being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office	performance of my duties provided for in Chapter 60	s, and I am familiar with and 95, F.S. Or, if this document is 1 that the limited liability
		90FF3C021E	88409

If Changing Registered Agent, Signature of New Registered Agent

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ii amending Authorized rerson(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
AMBR	HOANG DONG VU NGUYEN	4735 LEMOYNE VISTA DR	□Add
		MILTON, FL 32570	Remove
			□ Change
AMBR SALIH KOCAK	SALIII KOCAK	4653 BELVEDERE CIR	= Add
		MILTON, FL 32571	□Remove
		Change	
			SCORE DAdd  CRemove  Co  Change  Change  Add
			□ Ādd
			□ Change
			□Add
WATER CONTROL OF THE PARTY OF T		□Remove	
		Change	
		□Add	
			Change.

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