

L24000327242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

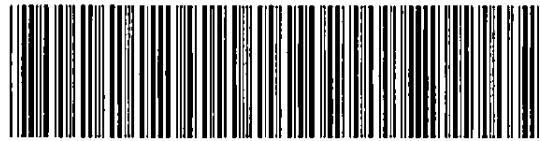
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2024 SEP -3 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FL

AB

COVER LETTER

TO: Registration Section
Division of Corporations

S2T Construction 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:

Jhon Tabares

Name of Person

S2T Construction LLC

Firm/Company

401 S Gallaher View Rd APT 338

Address

Knoxville, TN 37919

City/State and Zip Code

tabaresanderson@gmail.com

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

For further information concerning this matter, please call:

Jhon Tabares

407
at (_____) _____

6869038

Name of Person

Area Code

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**

S2T Construction LLC

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

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2024 SEP -3 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07/23/2024

Florida document number L24000327262

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

, Florida

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.

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>
AMBR	Jhon Tabares	401 S Gallaher View Rd APT 338	<input checked="" type="checkbox"/> Add
		Knoxville, TN 37919	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jhon Tabares	401 S Gallaher View Rd APT 338	<input checked="" type="checkbox"/> Add
		Knoxville, TN 37919	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(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)

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 August 26th, 2024

Jon Tabares

Signature of a member or authorized representative of a member

Jhon Tabares

Typed or printed name of signee

INITIAL RESOLUTIONS

I, Robin Jones, of Registered Agents Inc being the Organizer of S2T Construction LLC, a Florida Limited Liability Company, hereby resolve to relinquish signing authority to the Member named below and adopt the following resolutions:

I. **Resolved**, the named Member of the Limited Liability Company are hereby named:

Jhon Tabares

II. **Resolved**, that S2T Construction LLC was organized on 07/23/24 in the State of Florida with assigned filing number L24000327262.

III. **Resolved**, that the copy of the Articles of Organization of the above named Limited Liability Company is complete.

IV. **Resolved**, that the general provisions of an operating agreement be adopted and included as official records of the Limited Liability Company. If the member chooses to adopt a more detailed operating agreement, then such agreement will take precedence over general provisions in the original operating agreement.

V. **Resolved**, that the member has formed a limited liability company, and is entitled to the full extent of their limitation of liability pursuant to state law. Furthermore, the member's failure to maintain formalities of a limited liability company does not preclude them from liability protection under state law.

Robin Jones


Organizer

07/30/2024

Date

Submission Status Confirmation

SUBMISSION INFORMATION

Status	FILING SUCCESSFUL.
BOIR ID	50000003265229
Submission Tracking ID	BOIRCXppOpDQyN1Vm9rG 
Received Timestamp (UTC)	2024-08-02T16:38:29Z
Reporting Company FinCEN ID	

SUBMITTER INFORMATION

First name	Jhon
Last name	Tabares
E-mail address	tabaresanderson@gmail.com