

L16000181823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

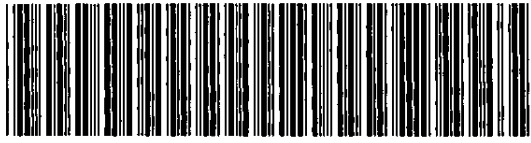
(Business Entity Name)

(Document Number)

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2016 NOV - 1 P 02 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOV 02 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THREE BROTHERS STUCCO & WIRE LATH, LLC

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:

JOSE O. SANCHEZ

Name of Person

THREE BROTHERS STUCCO & WIRE LATH, LLC.

Firm/Company

4140 NE 4TH TERRACE

Address

POMPANO BEACH, FL 33064

City/State and Zip Code

OMAR.SANCHEZ42@YAHOO.COM

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

For further information concerning this matter, please call:

JOSE O. SANCHEZ

at (954) 687-3683

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

THREE BROTHERS STUCCO & WIRE LATH, LLC.

(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 Liability Company were filed on 9/29/2016 and assigned Florida document number L16000181823.

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:

4140 NE 4TH TERRACE

(Principal office address MUST BE A STREET ADDRESS)

POMPANO BEACH, FL 33064

Enter new mailing address, if applicable:

4140 NE 4TH TERRACE

(Mailing address MAY BE A POST OFFICE BOX)

POMPANO BEACH, FL 33064

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:

4140 NE 4TH TERRACE

Enter Florida street address

POMPANO BEACH

City

, Florida 33064

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

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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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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