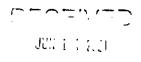
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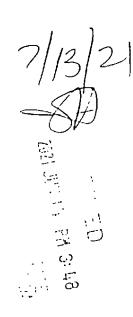
Office Use Only



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COVER LETTER

TO: Registration So Division of Con			
	eco and Stone, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Deivys D Quintana		
	<u></u>	Name of Person	
	Daniel Stucco and Stone, I	LLC	
		Firm/Company	
	7033 SE 122 Lane		
		Address	· · · · · · · · · · · · · · · · · · ·
	Belleview, FL 34420		
		City/State and Zip Code	
	Q.Deivys@gmail.com		
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report noti- all:	fication)
Deivys D Quintana		352 286-5146	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 Addres Registration 5		<u>Street Address:</u> Registration Sec	ction
Division of Corporations		Division of Cor	porations
P.O. Box 632		The Centre of T	
Tallahassee,	rl 32314	2413 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Daniel Stucco & Stone, 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 $\frac{03/13/2007}{1}$ and assigned Florida document number L07000027590 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 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 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>	Type of Action
MGR	Daymi Gonzalez	7033 SE 122nd Lane	
		Belleview, FL 34420	□Remove
			□Change
			□Add
			□Remove
			□Change
			Change
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ective date, if other than the c	06/09/2021 late of filing:	(optional)	
n effective date is listed, the date must	be specific and cannot be prior to date of fi ck does not meet the applicable statute	ling or more than 90 days after filing.)	Pursuant to 605.020 will not be listed a
cument's effective date on the Dep		or, miligroup of the state	
	date, but not an effective time, at 12:0	Ol a.m. on the earlier of: (b) The	: 90th day after the
is filed.			
June 09.	2021		5. \
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A Titlus) - <u>[</u>

Filing Fee: \$25.00