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SECRETARY OF STATE FALLAHASSEE, FLORIDA

NOV 14 AM ID: 50

M. THOMAS
NOV 1 7 2008
EXAMINER

COVER LETTER

	ration Section on of Corporations					
SUBJECT:	B AND A	MASONIRY LL	C			
SUBJECT: B AND A MASONIZY LLC (Name of Limited Liability Company)						
The enclosed A	rticles of Amendment and fee(s) are su	abmitted for filing				
	correspondence concerning this matter	-				
	Joan	(Name of Person)	7.2			
		(Firm/Company)	THE PARTY OF THE P			
	8845	REMBLEWED DIR. 1 (Address)	×2/3			
	CORR SPR	(City/State and Zip Code)	<u>> 7/</u>			
For further infor	rmation concerning this matter, please	call:				
ADO	n CRESSY	at (954) 319 - 1 (Area Code & Daytime 7	893			
		(Area Code & Daytime	Felephone Number)			
/	g Fee \$\omega\\$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 Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B and A	MASOMZY	L.L.C.	
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears nited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Con		2/2008 and assigned	
Florida document number <u>608000100479</u> .	,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited			<u>-</u>
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company	y," the designation "LLC" or the abbreviation	on F
Enter new principal offices address, if applicable:		77	į
(Principal office address MUST BE A STREET ADDRES	<u> </u>	OPE C	カン
	·	Ď	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office addres		r records, enter the name of the ne	<u>w</u>
Name of New Registered Agent:			
New Registered Office Address:			
	(Ente	er 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** Name **Address** Type of Action ADAM CIZESSY MGRM ☐ Remove ☐ Remove Robbiet Simouson 外の何かい Add 🗂 Remove FT Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated NOVEMBER 11. 2008. Signature of a member or authorized representative of a member CIZ6SS / Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00