LD8000/14/179

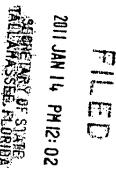
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J. SAULSBERRY EXAMINER

JAN 18 2011

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE	CCT:	L080	000114179			
20 20 2		Name of Limi	ted Liability Company		_	
The end	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspor	ndence concerning this matter	to the following:			
			RUBEN CRUZ			
			Name of Person			
INTERNATIONAL CRUZITO STUCCO LLC						
			Firm/Company			
709 SAVANNAH AVE						
			Address			
		LA	KELAND FL 33815 US		_ 5. :	2
			City/State and Zip Code			Ξ
			O@SERVITODO.NET	*'A"		77
		E-mail address: (i	to be used for future annual report no	uncation)	S F	Jackson .
For fur	ther information co	oncerning this matter, please of	call:		OF SIA	m :
	RU	BEN CRUZ	at (_863)	844-1034	設 で	
	Name of	Person	Area Code & Dayti	ime Telephone Nur	- R	
Enclose	ed is a check for the	e following amount:			,	
	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	Certi ed) Certi	Filing Fee, ficate of Status fied Copy tional copy is	

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

(Name of the Limited Lightlity Com-	STUCCO LLC		<u>_</u>	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	d Liability Company)	s on our records.		
The Articles of Organization for this Limited Liability Compa	ny were filed on	12/15/2008	and ass	signed
Florida document numberL08000114179				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here	:		
INTERNATIONAL CF	RUZITO STUCCO	LLC		
The new name must be distinguishable and end with the words "Li"L.L.C."	mited Liability Compan	y," the designation "L	LC" or the a	abbreviatio
Enter new principal offices address, if applicable:		5	. <u>~</u>	
(Principal office address MUST BE A STREET ADDRESS)				ti takinin
		`		1]
		SE	₹ ∓	
Enter new mailing address, if applicable:			# -	
Mailing address MAY BE A POST OFFICE BOX)		9	<u> </u>	
		45	R 8	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on ou ere:	ır records, <u>enter tl</u>	ne name o	f the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Ente	r Florida street addr	ess	
	C'a	, Florida	7	
	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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	<u>Name</u>	Address	Type of Action
<u>.</u>			Add Remove
			D Pamova
_			Add Remove
_			Damova
			Domouo
-			Add Remove
men	ding any other information, enter chan	nge(s) here: (Attach additional sheet.	s, if necessary.
			PH IZ: 02
	JANUARY 10 , 2	2011	

Page 2 of 2

Filing Fee: \$25.00