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COVER LETTER

Registration Section
Division of Corporations

TO:

| SUBJECT: H.O.K. | MASONRY, LLC | | | |
|---|---|--|--|--|
| (Name of Limited Liability Company) | | | | |
| • | | | | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | | • | | |
| | Luis G. Barrios | | | |
| (Name of Person) | | | | |
| | · · · · · · · · · · · · · · · · · · · | | ····· | |
| (Firm/Company) | | | | |
| | 15831 SW 97th Avenue | | | |
| | | (Address) | | |
| | Miami, FL 33157 | | · · | |
| | • | (City/State and Zip Code) | | |
| For further information c | oncerning this matter, please c | all: | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| (Name (| of Person) | at () (Area Code & Daytime T | 'elephone Number) | |
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| Enclosed is a check for the | he following amount: | • | | |
| | • | PACSS OF Filing For & | \$60.00 Filing Fee, | |
| □ \$25.00 Filing Fee | □\$30.00 Filing Fee & Certificate of Status | ©\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) | |
| MAIL | ING ADDRESS: | STREET/COURIER | ADDRESS: | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | | |
| P.O. Box 6327 | | Clifton Building 2661 Executive Center Circle | | |
| Tallahassee, FL 32314 | | Tallahassee, FL 3230 | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

10 FEB 15 PM 12: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

H.O.K. MASONRY, 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 Compar | ny were filed on Janua | ry 9, 2009 and assigned |
|--|-------------------------|--|
| Florida document number L09000003290 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lis | ability company here: | |
| The new name must be distinguishable and end with the words "Li "L.L.C." | mited Liability Company | ," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 841 N.W. 30th Co | urt |
| (Principal office address MUST BE A STREET ADDRESS) | Miami, FL 33125 | |
| Enter new mailing address, if applicable: | 841 N.W. 30th Co | urt |
| (Mailing address MAY BE A POST OFFICE BOX) | Miami, FL 33125 | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent: | | r records, enter the name of the new |
| New Registered Office Address: | (Ente | r Florida street address) |
| • | (2 | , |
| | (City) | , Florida(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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action MGR **CARLOS MONTOYA ■** Add 930 E. 35th Street Remove Hialeah, FL 33013-3122 MGR JUAN O. BOADA 841 N.W. 30th Court **⊠** Add Miami, FL 33125 Remove 🗂 Add Remove Remove **」** Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FEB 15 PM 12: Dated February 8, 2010 2010 Signature of a memder or addrorized representative of a member CARLOS BANT ed or printed name of signee

Filing Fee: \$25.00

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