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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Marco Meija Masonry LLC Name of Limited Liability Company		
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:		
Marco Mejia Name of Person		
Marco Mejia Hasonry L.L.C. Firm/Company		
260 Ta.// Pine Dr. Address		
·		
Itavana 71 32333 City/State and Zip Code		
11 20		
E-mail address: (to be used for fluture annual report notification)		
For further information concerning this matter, please call:		
E-mail address: (to be used for fluture annual report notification) For further information concerning this matter, please call: Marco A. Meiro at (850) 443 - 4429 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount:		
Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}		
MAILING ADDRESS: STREET/COURIER ADDRESS:		
Registration Section Registration Section Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marco Mejia Mosory L. L. C. (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 Vuly 29, 2011 and assigned Florida document number L/1000087217.		
A. If amending name, enter the new name of the limited liability company here:		
MARCO'S MASONCY + CON	occete. (. 1.	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	17934 Aucilla River-Estates DO	
(Principal office address MUST BE A STREET ADDRESS)	Perry F1 32347	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Po Box 125 Camont #6 25 7 37336	
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:		
	C Fiorito	
New Registered Office Address: 17834	Aucilla River Estates RO Enter Florida street address	
Perr	City Florida 32347 Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		

Page 1 of 2

If Changing Registered Agent, Signature of New 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 <u>Title</u> <u>Name</u> Address **Type of Action** MGRM MARC FIORITO Remove Remove Remove Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Marchine of a member of authorized representative of a member arco A. Mejia
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00