L110000 45935

(Re	questor's Name)	<u> </u>
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MAY - 7 2013

T. HAMPTON

COVER LETTER

TO: , • Registration Section
Division of Corporations

Name correction

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:

Dennis Savage

Name of Person

Two Brothers Stucco and Construction

Firm/Company

PO Box 14502

Address

St Petersburg FL 33733

City/State and Zip Code

2brothersstucco@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dennis Savage

,,,727,5029849

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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

Two Brothers Stucco and Construction 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 Lia	bility Company	were filed on Au	gust 22, 2011	and assig	gned
Florida document number L11000095935	, , ,			- `	_
Florida document number	·			13	SE
This amendment is submitted to amend the follow	ving:			MAY -	CRETA
A. If amending name, enter the new name of t	the limited liabi	lity company her	<u>·e</u> :	Ó	SAFE
Two Brothers Stucco & Construction L	LC			PM	공유 유유
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Compa	any," the designation "LLC	or the ab	obrediation
Enter new principal offices address, if applicable:		700 40th St	S		<i>(,)</i>
(Principal office address MUST BE A STREET	ADDRESS)	St Petersbur	g FL 33711		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	Ct Deterobuser El 22722				
B. If amending the registered agent and/or registered agent and/or the new registered offi		<u>:</u>	our records, enter the	name of	the new
New Registered Office Address:	755 13th Av	/ S			
		En	ter Florida street addres	S	
	St Petersbu	ırg	, Florida 3370	01	
		City	,	Zip Code	
New Registered Agent's Signature, if changing Re	egistered 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

Page 1 of 3

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
MGR	Dennis Savage	PO Box 14502	Add
		St Petersburg FL 33733	Remove
	·		Add
			Add
			SHORE FILED STATE OF CORPUSEON OF CORPUSEON Reisflower
			Add Remove
			Add

	
81-60-0-7-1	
April 30	2013
	<u>S</u> 16
\	ure of a member or authorized representative of a member
Dennis Savage	<u> </u>
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

DIVISION OF COME OF