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B. BOSTICK

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EXAMINER

### **COVER LETTER**

TO: Registration Section
Division of Corporations

C & J Stucco and Stone LLC

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:

# Christopher P Crain Name of Person Firm/Company 4144 Tonbridge Circle Address Pensacola, FL 32514 City/State and Zip Code

chriscrain.hilton@gmail.com

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

For further information concerning this matter, please call:

# Christopher Crain

at (850) / 12-4332

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)

Section 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

## **C&J STUCCO AND STONE 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 Organization for this Liability Organization for this Liability Organization for the Liability Organization for this Liability Organization for this Liability Organization for the Liability Organization for the Liability Organization for this Liability Organization for the Liability Organizatio	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		7
(Principal office address MUST BE A STREET ADD	RESS)	
		C.
		<i>9</i> -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
THE STATE OF THE BOND		=-
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	ed 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
MGR	GEORGE TROY CRAIN	900 FT PICKENS RD	Add
		UNIT 213	Remove
		PENSACOLA BCH, FL 3256	1
MGRM	JUNE WASCHER	4144 TONBRIDGE CIR	Add
		PENSACOLA, FL 3251	4 Remove
		**************************************	Remove
		The second secon	- <b>2</b> 5
		Gr. Gr.	Add
			Remove
			- O
			Add
			Remove
			<del>_</del>
			Add
			Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	10-28- 2013.
_	CHC C
	Signature of a member or authorized representative of a member
	CHRISTOPHER P CRAIN
	Typed or printed name of signee

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Filing Fee: \$25.00

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