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B. BOSTICK FEB **1 9** 2013

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

AJ CONSTRUCTION AND STUCCO 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:

ALBERTO VELASCO

Name of Person

AJ CONSTRUCTION AND STUCCO LLC

Firm/Company

1675 SUNSHINE BLVD APT 106

Address

NAPLES FL 34116

City/State and Zip Code

quijanocervantez@gmail.com

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

For further information concerning this matter, please call:

ALBERTO VELASCO

239 784-6353

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Fiting 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**

AJ CONSTRUCTION AND STUCCO 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 C Florida document number L1300001517	2013 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
A & J STUCCO LLC			
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	N/A	∑ ,	
(Principal office address MUST BE A STREET ADDR	ESS)	————————————————————————————————————	
		ω [
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		ords, enter the name of the new	
Name of New Registered Agent: N / A	\		
New Registered Office Address:			
	Enter Florida street address		
		_, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered	l 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member Type of Action <u>Address</u> <u>Title</u> <u>Name</u> Remove Remove Remove Remove Add Remove Remove

2- 9	change(s) here: (Attach additional sheets, if necessary.)
Only change the n	ame
	The second of th
February 13	2013
Trailed,	•
Signature of a	member or authorized representative of a member
Alberto Velasco Gonza	lez
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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