From: John Gurba

5/19/22, 12.55 PM

Division of Corporations

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(((H22000178750 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

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Email Address: ReardonJoe@yahoo.com

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J. REARDON PLASTERING & STUCCO, LLC

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To:

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### -E9FAA5954745 ARTICLES OF AMENDMENT Audit# H22000178750

# TO ARTICLES OF ORGANIZATIONS OF

J. REARDON PLASTER  (Name of the Limited Limital Limit					
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	04/11/2013	and	assig	ied
This amendment is submitted to amend the following.					
A. If amending name, enter the new name of the limited liab	ility company her	<u>re</u> :			
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the de	esignation "LLC" or the	abbreviation	n "L L(	
Enter new principal offices address, if applicable:			<u>: •</u> .	20 <i>7</i> 2	<b>-</b>
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>	<u> </u>
	<del></del> -		2-72	<u></u>	
			• ••.	A H	
Enter new mailing address, if applicable:			- 1 		:-
(Mailing address MAY BE A POST OFFICE BOX)				<u></u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our ro	ecords, <u>enter the na</u>	me of the	new	registered
Name of New Registered Agent:					
New Registered Office Address:	Enter Flor	ida street oddress		<del></del>	<del></del>
		Florida			
<del></del>	Cuy		Ζιρ (	octe	
New Registered Agent's Signature, if changing Registered Agent					
Thereby accept the appointment as registered agent and age	ree to act in this o	capacity, I further t Sweathing and Lor	igree to c n tomilio	comply r with	v with the - and

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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered affice 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

Docusign Envelope ID: 02ECB6D1-39C3-4D2D-8730-E9FAA5954745
H amenting Aumorized reison(s) aumorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Page: 3 of 4

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Jeremiah J Reardon	15079 DUCK HAWK RD	■Add
		WEEKT WACEFE ET 34614	□Remove
			□ Change
			□Add
			□Remove
			TiChange
			D\dd
			□Remove
			. □Change
			□Add
			□Remove
			□ Change
			Cladd
			□Remove
			①Add
			□Remove

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## Audit# H22000178750

From: John Gurba

). If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
<del></del>	
<del></del>	
Note: It the	tte, if other than the date of filing:  date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
the report spec cord is filed	affes a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b). The 90th day after the
Dated	5/19/2022
	Occusioned by:
_	Signature of a member or authorizer telefeethistive of a member
	JOSEPH W REARDON
_	Typed or printed name of signce

Filing Fee: \$25.00