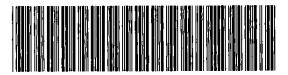
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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Corporations

SUBJECT:

ARMANDO CAVAZOS III GRADING 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:

ARMANDO CAVAZOS III

Name of Person

ARMANDO CAVAZOS III GRADING LLC

Firm/Company

4018 W. SUNFLOWER CIRCLE

Address

LABELLE, FL 33935

City/State and Zip Code

ARMANDO_CAVAZOS@YAHOO.COM

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

For further information concerning this matter, please call:

ARMANDO CAVAZOS III

{....}863.673**-**2265

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

FILED

2013 JUN 24 PH 3: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARMANDO CAVAZOS III GRADING 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 Company	y were filed on 05/31/2013	and assigned
Florida document number <u>L13000079097</u> .	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
ARMANDO CAVAZOS III GRADING & HAULING	LLC	
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	SAME	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	SAME	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
	, Florid	a
	City	Zip Code

New Registered Agent's Signature, if changing 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
			Add
			Remove
			Add
			Remove
			<u> </u>
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

). If a	meuding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
ated	JUNE 19 2013
	Amand Parago TI
	Signature of a member or authorized representative of a member
	ARMANDO CAVAZOS III
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2013 JUN 24 PM 3 07
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