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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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DIVISION OF CHREDENTION

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ref. STUCCO 2 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:
RICK AGHASSI Name of Person
LTE Stucco LLC Firm/Company
2660 NE TH AVENUE
Pompano Beach & 33064
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: RICK FIGHASSI OR PROPERTY FOR A LONG TO Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee
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

RTE STUCCE	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
(<u>Name of the Limited</u> (r	A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lial	bility Company were filed on 4/3/15	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	ords "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	<u>.</u> 9
(Principal office address MUST BE A STREET		8 ≺S
Trincipal office address in 1931 BE A STREET	TRONGSSY	<u> </u>
		<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
		10 89-1
Enter new mailing address, if applicable:		3K 25 m
(Mailing address MAY BE A POST OFFICE B	<u></u>	<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offi	or registered office address on our records, <u>ent</u> ice address <u>here</u> :	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 605, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Address Type of Action Title Name MGR THOMPS MICEANO 2660 NE 7th AVENUE DAdd □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change _□ Add _□ Remove

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(If an o Note	effective date, if other than the date of filing:	to 605.0 pe listec)207 (3) Las the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the elective day after the record is filed.	earlier	r of:
Date	1 JUNE 19 2018		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00