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SECTE PARY OF STATE
TALLAHASSEF

## **COVER LETTER**

то:	Registration Sec Division of Corp		
			ERVICES LLC
SUBJE	ECT:		nited Liability Company
The en	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.
Please	return all correspor	ndence concerning this matter	to the following:
		JOSE M OR	OZCO RIOS
		<del></del>	Name of Person
		MARJOS S	SERVICES LLC
			Firm/Company
		8171	BEASLEY RD
			Address
		DAVENPOR	T FL 33837
		<del>•</del>	City/State and Zip Code
			BELLSOUTHNET
U C	41		(to be used for future annual report notification)
		ncerning this matter, please c	
	OSE M OROZCO	RIOS	407 864-8614 at ()
	Name of	Person	Area Code Daytime Telephone Number
Enclose	ed is a check for the	e following amount:	
□ \$2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81747 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MARJOS SERVICE			
(1	Name of the Limited Lia (A Flo	bility Company as it now apperida Limited Liability Company	ears on our records.)	
The Articles of Organization for				and assigned
This amendment is submitted to	amend the following	ŗ.		
A. If amending name, <u>enter t</u>	he new name of the l	imited liability company	<u>here</u> :	
M	IN & B STUCCO SER	VICES LLC		
The new name must be distinguishabl	e and contain the words "	Limited Liability Company," the	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices ad	ldress, if applicable:			
(Principal office address MUS	T BE A STREET AD	DRESS)		
Enter new mailing address, if	applicable:			
<u> </u>	• •			
(Mailing address MAY BE A F  B. If amending the registered	POST OFFICE BOX)  I agent and/or registe	ered office address on our	records, enter the na	me of the new regis
Mailing address MAY BE A F  B. If amending the registered	POST OFFICE BOX)  I agent and/or registe	ered office address on our	records, enter the na	me of the new regis
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(Mailing address MAY BE A F  B. If amending the registered agent and/or the new registered Name of New Register	l agent and/or registe ed office address her ered Agent:	ered office address on our ee:	records, enter the na	me of the new regis
<del></del>	l agent and/or registe ed office address her ered Agent:	ered office address on our ee:		

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 lightly.

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

<u>Title</u>	Name	Address	Type of Action
			_ 🗆 Add
			_ 🗆 Remove
			_ Change
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JOSÉ M OROZCO RIOS										_
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