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COVER LETTER

TO: Registration Section Division of Corporations	***							
SUBJECT: 6&H Lathand Plastering, 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:								
,								
Lloyd Jay Hamilton Name of Person	1							
MasterCraft Stucco,	siding, LLC							
665 LAWY 17N Address								
Palatha, FL 3217								
Palatha, FL 3217 City/State and Zip C 1104d324660 amail. Elmail address: (to be used for future and	<u>Com</u>							
E-gran address: (to be used for future an	inual report notification)							
For further information concerning this matter, please call:								
Lloyd Jay Hamilton at 386 Name of Person Area Code	, 9 16-6861 Daytime Telephone Number							
Enclosed is a check for the following amount:								

다 \$55.00 Filing Fee &

Cartified Copy

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MATURAL APPRESS: Registration Secular Division of Corporations 140 Febr 6327 Tell 82 acsoc, FBL 32314

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☐ \$25.00 Filing For

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\$ \$60.00 Filing Fee,

Cartificate of Status & Cartificate Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

C2 H Lathard Plast (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.	
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup_{16000000000000000000000000000000000000	• •	016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Master Craft Stucco, ### Siding, The new name must be distinguishable and contain the words "Limited Dabil	LLC	or the abbreviation "L L C."
Enter new principal offices address, if applicable:		16
(Principal office address MUST BE A STREET ADDRESS)		SO TO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		anter the reme of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I fur performance of my duties, and provided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Keith D. Guthrie=	51. 533 Palmetto Bluffld Palatha, F132177	
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Filing Fee: \$25.00