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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MASTER CRAFT STUCCO SIDING - 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.
LLoy 1 JAY HAMTITOS
MASTERCRAFT STUCIO STOTAL LLC,
665 N. Hwy 17 Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For turther information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

Name of New Registered Agent:		 		-
			¢ii⊤ taq	
registered agent and/or the new registered office address				
B. If amending the registered agent and/or registered	d office address on our re	cords, enter the	name of the	new
			<u> </u>	_
(Mailing address MAY BE A POST OFFICE BOX)		•	*55 **********************************	-
Enter new mailing address, if applicable:				-
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			-
Enter new principal offices address, if applicable:				_
MASTERCRAFT STUCCS SEPING L The new name must be distinguishable and contain the words "Limited L	$\frac{LC}{L}$ ($\frac{N\delta}{N\delta}$ $\frac{C}{N\delta}$), ability Company. The designation	<i>M BETWEEN</i> TLC of the abbrev	s <u>6742552.</u> nation "L.L.C."	To-é.
A. If amending name, enter the new name of the limited l			21 mm	
This amendment is submitted to amend the following:				
Florida document numbeL16033018855				
The Articles of Organization for this Limited Liability Comp	any were filed on $11/21/21$	//6	and assigned	
		1 11	, , ,	

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	BACARCA DE ANGLES	533 PALMOTTO BLUFFRD	🗷 Add
		633 PALMOTTO BLUFFRD	□ Remove
			☐ Change
			□ Remove
			□ Change
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Filing Fee: \$25.00