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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Division of Corporations
SUBJECT: Stucco Men 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:
Jose Arteaga Martinez Name of Person
Stucco men 12C Firm/Company
4097 SE 141 Lane
Address
Summer Field FC 34991 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jose Astenger Mortinez at (352) 449. 0207  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ \$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

TO:

**Registration Section** 

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

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(Name of the Limited L	Men Jability Compa	LLC.	s on our records.)	ASSEE, FLORIU
(A)	Iorida Limited L	ny as it now appear liability Company)	4 OH OM 1 15 OH 132.)	$m_{ij}$
The Articles of Organization for this Limited Liabil	lity Company	were filed on	April 4.	2016 and assigned
Florida document number L 160060 66 75	<u> </u>		•	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liab	ility company ho	ere:	
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the d	esignation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	DDRESS)	NIE		
Enter new mailing address, if applicable:			<u></u>	
(Mailing address MAY BE A POST OFFICE BO.	<u>x)</u>	MA		
B. If amending the registered agent and/or registered agent and/or the new registered office			our records,	enter the name of the new
Name of New Registered Agent:	)&	Arteux	Mather	····
New Registered Office Address:	4097		L N rida street address	
-	Summ	- Red	, Flori	da 3 4 4 9/ 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 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.

Jose A strong Martine

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
Amba	Sandra Nunez Diaz	4097 SE 141 LA Summer Field PC 34491	IE Add
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	To y
(If an <u>Not</u> e	ctive date, if other than the date of filing:
If the r (b) Th	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier one 90th day after the record is filed.
Data	ed October 11, 2016.
Date	

Page 3 of 3

Filing Fee: \$25.00