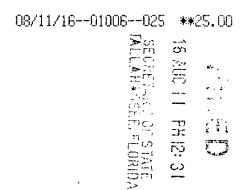
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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NUS 12 7016 J. HARRIS

COVER LETTER

Division of Con			
Ward's Ma SUBJECT:	sonry II, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	michael	Name of Person	
	Ward's M	lasony II, L	LC_
	173 Franch	L Drive Address	
		Springs, FL 3 City/State and Zip Code	2433
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Michael Name o	Ward of Person	at (<u>BSD</u>) <u>Lo35</u> — Area Code Daytime	a Sugar Para Para Para Para Para Para Para P
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & 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

Ward's Masonry II, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our re la Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability (Company were filed on 7/13/2016	and assigned
Florida document number L16000131786	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3 0 ± .
(Principal office address MUST BE A STREET ADD.	RESS)	
		(g) = 17t
Enter new mailing address, if applicable:	1 11 11 11	
(Mailing address MAY BE A POST OFFICE BOX)		
		⊙m
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
<u></u>	C't.	, Florida Zip Code
	Ciţy	zip Coae

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>	Address	Type of Action
MGR	Preston Peters	306 Rose Ave	■ Add
		Hartford, AL 36344	□ Remove
			Change
MGR	Keith Fowler	2791 NE Savannah Rd	■ Add
,		Jensen Beach, FL 34957	☐ Remove
			Change
			Add
			Remove
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		With the second to take the control of the control	☐ Remove
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fective date, if other than effective date is listed, the ote: If the date inserted incument's effective date of	date must be specific ar n this block does not	nd cannot be prior to o meet the applicabl			iling.) Pursuan		
record specifies a c The 90th day after t			n effective time	e, at 12:01 a.	m. on the	earlie	er o
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Michael,	aut to	<u>~~~</u>	ed representative of a				- 19*

Page 3 of 3

Filing Fee: \$25.00