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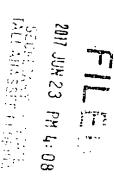
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WHARRELES

COVER LETTER

TO: Registration S Division of Co			
Ward's Ma	isonry II, LLC		
SOBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Michael J Ward		
		Name of Person	
	Ward's Masonry II, LLC		
		Firm/Company	
	3720 Kings Lake Road		
		Address	
	DeFuniak Springs, FL 32-	435	
		City/State and Zip Code	 _
	susie.duke(ā)davidrjohnsond F-mail address: (epaleom to be used for future annual report notifi	cuton)
For further information c	concerning this matter, please c		
Michael J Ward		850 635-2569	
Name (of Person	at () Area Code Daytime	Telephone Number
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 tadditional 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 Liability</u> (A Florida L	Company as it now appears on our records. imited Liability Company)	.1
The Articles of Organization for this Limited Liability Cor	mpany were filed on	and assigned
Florida document number L16000131786		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u> </u>	
Enter new mailing address, if applicable:		W 23
(Mailing address MAY BE A POST OFFICE BOX)		PR 11
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		: · ` CO
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	
	City	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.

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
Mgi	Keith Fowler	2791 SE Savannah Road	
		Jensen Beach, FL 34957	■ Remove
			☐ Change
Mgr	Allen P Ward	3720 Kings Lake Road	■ Add
		DeFuniak Springs, FL 32435	☐ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
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			And Complete
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			Change

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fective date, if other than the d	ate of filing:				(antional)	
n effective date is listed, the date must l	be specific and ca	innot be prior to	date of filing or	nore than 90 da	ys after filing.)	Pursuant to 605
ote: If the date inserted in this bloc cument's effective date on the Dep	k does not mee artment of Stat	et the applicat te's records.	ble statutory fili	ng requiremen	nts, this date v	vill not be list
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record specifies a delayed	effective dat	te, but not	an effective	time. at 12	2:01 a.m. d	on the earlie
The 90th day after the reco	d is filed.	,		,		
red June 19		∞	_ •			
~ 1	/ // /	1 , / -				
Mallace	46	1/				- A & B
- S	gnature of a mei	mber or authori	ized representativ	e of a member		
Michael J Ward						JUN 2
	Ty	sped or printed	name of signee			$-\frac{\omega}{2}$
						1.5
						PA PA

Filing Fee: \$25.00