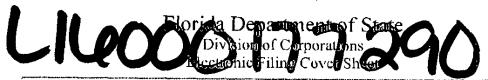
6/9/2017

Division of Corporations



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Account Name : LEGALZOOM.COM INC.

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: (323)962-8600

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COVER LETTER

	gistration Sect Asion of Corpo					
SUBJECT:	JUSTMAILBOXESLLC					
SUBJECT		Name of Limited Liability Company				
The enclosed	d Articles of A	mendment and fee(s) are subr	mitted for filing.			
Please return	n all correspond	fence concerning this matter t	to the following:			
		Cheyenne Moseley				
			Name of Person	*		
		Legalzoom.com, Inc.				
			Firm/Company			
		101 N. Brand Blvd., 11th Floor				
			Address			
		Glendale, CA 91203				
			City/State and Zip Code			
		chriscoffey2007@gmail.c	com o be used for future annual report notificat	ion)		
				ion)		
For further i	nformation cor	ocerning this matter, please ca	ill:			
Cheyenne	Moseley		800 773-0888 ext.	9724		
	Name of I	Person	Area Code Daytime To	lephone Number		
Enclosed is	a check for the	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

JUSTMAILBOXESLLC			
(<u>Name of the Limi</u>	red Liability Company as (A Florida Limited Liabi	it now appears on our record lity Company)	<u>s.</u>)
The Articles of Organization for this Limited L. Florida document number 1.16000177290	iability Company wer	e filed on 09/22/2016	and assigned
This amendment is submitted to amend the following	owing:	,	
A. If amending name, enter the new name o	f the limited liability	company here:	
CHRIS COFFEY STUCCO STONE AND PR	RECAST, LLC		*** ***
The new name must be distinguishable and end with the	words "Limited Liability	Company," the designation "LL	C" or the objection "L.L.C."
Enter new principal offices address, if applic <u>(Principal office address MUST BE A STREE</u>			TECHNICAL SECTION OF THE PROPERTY OF THE PROPE
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	BOX)		AN D: 31
B. If amending the registered agent and registered agent and/or the new registered o			s, enter the name of the ne
		1	
Name of New Registered Agent:			
New Registered Office Address:	13302 Winding O	ak Court, Suite A	
		Enter Florida street addres	8
	Tampa	, Flo	orida <u>33612</u>
		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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>tle</u>	Name	Address	Type of Action
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	Page 2	of 3	2017 JUN-9 AMIC SECRETARY OF ST
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D. If amending any other information, enter change(i) here: (Attach additional sheets, if necessary.)
C. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of record the date this document is filed by the Florida Department of State	ipt or filed date and cannot be more than 90 days after
Dated	M
	of authorized representative of a member OPHER LEE COFFEY
Typed o	r printed name of signee

Page 3 of 3

Filing Fee: \$25.00

ZOIT JUN-9 ANIO: 3