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SECRETARY OF STATE

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COVER LETTER

TO:

TO:		istration Se ision of Cor		•					
SUBJI	FCT.	THREE BE	ROTHERS STUCCO & WIRE						
SUBJI	ECT:		Name of Lim	ited Liability Company					
The en	closed	Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please	return	all correspo	ondence concerning this matter	to the following:					
			JOSE O. SANCHEZ						
				Name of Person					
THREE BROTHERS STUCCO & WIRE LATH, LLC.									
				Firm/Company	 				
		4140 NE 4TH TERRACE							
				Address					
		POMPANO BEACH, FL 33064							
			 	City/State and Zip Code	 				
			OMAR.SANCHEZ42@YA						
			E-mail address: (to be used for future annual report noti	fication)				
For fur	rther ir	iformation c	oncerning this matter, please co	all:					
JOSE O. SANCHEZ				954 687-3683 at ()					
		Name o	f Person		e Telephone Number				
Enclos	sed is a	check for th	ne following amount:						
≅ \$2	5.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.60 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/COUR! Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations						

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

npany as it now appears ed Liability Company)				
	on our records.			
ny were filed on 9/29	and assigned and assigned			
ability company her	<u>e</u> :			
ability Company," the des	signation "LLC" or the abbreviation "L.L.C."			
4140 NE 4TH TERRACE				
POMPANO BEA	ACH, FL 33064			
POMPANO BEA				
'H TERRACE				
	da street address			
	, Florida 33064			
Enter Florid	da street address , Florida 33064 Zip Code			
	POMPANO BEA			

If Changing Registered Agent, Signature of New Co

Page 1 of 3

company has been notified in writing of this change.

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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iccuve (date inserted	in this blo	ock does not	t meet the a	ipplicable stat	utory filing re	equiremen	ts, this o	date will	l not be list
If the	effective date	on the De	partment of	f State's rec	cords.					
If the										
If the nent's e								-01 -	m on	the earlie
If the nent's e	specifies a	delayed	effective	e date, bu d	it not an ef	fective tim	e, at 12	ora.		
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If the nent's cord se 90th	Oct,	The reco	nrd is filed	d. , ZC)(<u>6</u>	presentative of	•	ARASSEE, F	AGN 9 02	FIE

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