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DIVISION OF CORPORATIONS

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COVER LETTER

TO:

Registration Section Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

SUBJECT: 3	+ B Trowel	Trades LLC.	·
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
	Joseph	Wayne Balle Name of Person	o <u>r</u>
		owel Trades Firm/Company	
	219 Pal	macea Rd, Address	
		SFL. 339 Vity/State and Zip Code	
	Joeywk E-mail address: (Daker & Gma to be used for future annual report notifie	cation)
For further information c	oncerning this matter, please co	all:	
Joseph Name o	Jayne Baker Person	at (<u>239)</u> <u>344</u> Area Code Daytime	7-6779 Telephone Number
Enclosed is a check for the	ne 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)
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B+B Trowe I rade (Name of the Limited Liability Compa (A Florida Limited)	S LLC any as it now appears on our records.) Liability Company)
B+B Trowe Irade (Name of the Limited Liability Company (A Florida Limited) The Articles of Organization for this Limited Liability Company Florida document number	were filed on January 05, 20/7 and issigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "L.L.C." 219 Palmacea Rd. Ft. Myers, FL. 33905
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	219 Palmacea Rd. Ft. Myers, FL. 33905
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u> e:
	Almacea Rd. Enter Florida street address Ner S Florida 339775

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RISTUBAL GONZABA	Address 11660 ARIANA DR. FT. MYERS, FL. 33908	A Add
			☐ Remove
			Change
			☐ Add
			□ Remove
		SKISION T	
			FILED Skylsion for confidences of Ghange
		□ ∰nanছি. □ Add	
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	DIVISION OF CITIES SHAFTIONS	П
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If an ei <u>Note:</u>	tive date, if other than the date of filing: Date of Filing (optional))207 (d as t
he re The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	r of:
	June 16th 2017.	
Dated		
Dated	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00