L17000050628

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JUL 12 2317 JULIVERS Florida LLC - Amendment

ORDER#: 418498

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Check Payable to:

Florida Department of State

\$25

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COVER LETTER

TO:	Registration Se Division of Co			•
CT ID II	ret.	TWO BOYS	S STUCCO AND EIFS LLO	0
306,11	ECT:	Name of Lin	nited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Sonia Becerra	
			Name of Person	
			Swyft Filings, LLC	
		4	Firm/Company	, ,
		12	605 East Freeway, Suite 509	
			Address	
			Houston, Texas 77015	
			City/State and Zip Code	
			filings@swyftfilings.com to be used for future annual report notifi	
For fur	ther information e	oncerning this matter, please ca		cation)
Sonia Becerra		ecerra	at (877) 777-045	50
	Name o	f Person	at (877) 777-045 Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
X \$25	5.00 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

TWO BOYS STUCCO AND EIFS LLC

(<u>Name of the Limited Lia</u> (A F)	ability Company as it now appears orida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabilit Florida document number L17000050628	· · ·	03/03/2017	and assigned
This amendment is submitted to amend the following	<i>y</i> :		
A. If amending name, enter the new name of the l	limited liability company her	<u>e</u> :	
TWO BOYS STUCCO, LLC			
The new name must be distinguishable and contain the words "	Limited Liability Company," the des	ignation "L1.C" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	ODRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on oddress here:	our records, <u>enter</u>	the name of the ne
Name of New Registered Agent:	,		
New Registered Office Address:		i	
	Emer Florid	a street address	
	City	, r iorida	Zip:Gqde

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
		<u></u>	D.J.d
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effective da <u>:</u> If the da	e, if other than te is listed, the date ate inserted in thi fective date on th	must be specific a s block does not	nd cannot be prior to meet the applica	o date of filing o ble statutory fi	r more than 90 day	(optional) s after filing.) Pur s, this date will	suant to 605.0; not be listed
ecord sp e 90th (ecifies a dela day after the	yed effective record is filed	date, but not i.	an effectiv	e time, at 12:	01 a.m. on t	:he earlier
d	July	05	2017	-·			
			a member or author				

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