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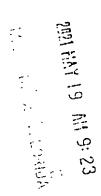
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Office Use Only



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COVER LETTER

TO:

Registration Section

Division	of Corpora	itions		
SUBJECT:	jaenz	Athisho Masi	in Services LLC ited Liability Company	· · · · · · · · · · · · · · · · · · ·
			. ,	
The enclosed Arti	cles of Ame	ndment and fee(s) are sub	mitted for filing.	
Please return all c	orresponder	ice concerning this matter	to the following:	
	_	Pheannon	Sum Z	
	_	Salnz Artis	hu Majon Servic	esuc
			gerine Ave S	
			Address	
		rhea & Sa	City/State and Zip Code CN 2 M & SON MY. COM to be used for future annual report no	21 otification)
For further inform	nation conce	rning this matter, please co	·	
· · · · · · · · · · · · · · · · · · ·	Name of Pers	on	at () Area Code Dayti	me Telephone Number
Enclosed is a chec	k for the fol	Howing amount:		
∑ \$25.00 Filing	Fee [S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy cadditional copy is enclosed)
Divisio P.O. Bo	ation Secti n of Corpo	orations	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Saenz Artistic Mason S	Gernices LLC
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L 70006 5 8}{}$.	were filed on 3162017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5522 Tangerine Ave S Gulfport, FL 33707
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5522 Tangerine Aves Gulfport, FL 3370-7
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	9. 23
New Registered Office Address:	Enter Florida street address
	, Florida

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 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
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Signature of a member or authorized representative of a member	is filed.	THE OF (O)		
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Filing Fee: \$25.00