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J. LEGGETT MAR 22 2018

COVER LETTER

Div	rision of Corp	orations		
CHDIECT.		CONSTRUCTION AND MA	ASONRY SERVICES, LLC.	
SUBJECT:		Name of Limit	ed Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please returr	n all correspon	dence concerning this matter to	o the following:	
		MIKE MARQUEZ		
			Name of Person	
		MAR/KIS INSURANCE A	GENCY, INC.	
		100	Firm/Company	
		2228 9TH ST W		
			Address	
		BRADENTON, FL 34205		
		_	City/State and Zip Code	
		MARKISINSURANCE@T/	AMPABAY.RR.COM o be used for future annual report notifi	extina)
				Canon
For further i	nformation co	ncerning this matter, please ca	ll:	
JESUS SAL	JINAS CERV	ANTES	941 345-9275	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for the	following amount:		
□ \$25.00 F	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:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

UNLIMITED CONSTRUCTION AND MASONRY SERVICES, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/18/2017 and assigned Florida document number ____L17000085870 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JUAN G CERVANTES TREJO	913 65TH AVE DR W	
		BRADENTON, FL 34207	■ Remove
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03/20/20	018 (autional)
fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be p	rior to date of filing or more than 90 days after filing.) Pursuant to 605.02
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cument's effective date on the Department of State's recor	rds.
	not an effective time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
MARCH 20TH 2018	
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Filing Fee: \$25.00

Typed or printed name of signee