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COVER LETTER

TO: Registration Section Division of Corporations

AZTEC MASONRY LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARGARITA BENITEZ

Name of Person

AZTEC MASONRY LLC

Firm/Company

316 HOLLY HILL ROAD

Address

DAVENPORT, FL 33837

City/State and Zip Code

tavila@@forproser.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 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

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AZTEC MASONRY LLC			
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iv as it now appears on inhibits (company)	our records.)	
e Articles of Organization for this Limited Liability Company	were filed on2	2018	and assigned
orida document number L18000000772			
is amendment is submitted to amend the following:			
If an and in a name of a star she was a new of she limited links			
If amending name, enter the new name of the limited liabi	<u>itty company nere</u> :		
e new name must be distinguishable and contain the words "I amited I (abili	ty Company," the design	ation "LLC" or the .	abbreviation "L.L.C."
ater new principal offices address, if applicable:		ation "1.1.C" or the a	
ater new principal offices address, if applicable:			
ater new principal offices address, if applicable:			
ater new principal offices address, if applicable:			
ater new principal offices address, if applicable: <u>rincipal office address MUST BE A STREET ADDRESS)</u>			
ater new principal offices address, if applicable: <u>rincipal office address MUST BE A STREET ADDRESS)</u>			
e new name must be distinguishable and contain the words "1 mited 1 iabili ater new principal offices address, if applicable: <u>principal office address MUST BE A STREET ADDRESS</u>			

New Registered Office Address:	Enter Florida street	t address
		. Fiorida
-	City	Zip Code

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. Thereby 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, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

MGR = Manager

.

.

.

AMBR = Authorized Member

Title	<u>Name</u> ABEL HERNANDEZ	<u>Address</u> 525 RAIMBOW CIRCLE,	Type of Action
MB 		KISSIMMEE, FL 34741	Add
			Remove V
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 10. 2019. Ta Benitzz Signature of a member or authorized representative of a member MARGARITA BENITEZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00