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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Sec Division of Corp			•
ci bu		S STUCCO LLC		
SUBJE	.c.i	Name of Limit	ed Liability Company	
The en	closed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please	return all correspor	ndence concerning this matter to	o the following:	
		JESUS E MUNOZ		
			Name of Person	
		ZASZ ENTERPRISES LLC		
			Firm/Company	
		501 N BENEVA RD UNIT	#210	
			Address	
		SARASOTA, FL 34232		
			City/State and Zip Code	
		JESUS@ZASZACCOUNTR		
		E-mail address: (to	be used for future annual report notif	eation)
For fur	ther information co	oncerning this matter, please cal	11:	
JESUS	E MUNOZ		941 217-4241 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
≅ \$2:	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

(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	y)
The Articles of Organization for this Limited I	Liability Company were filed on	01/16/2018 and assigned
This amendment is submitted to amend the fol	llowing:	
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	ne designation "LLC" or the abbreviation L.L.
Enter new principal offices address, if appli	icable:	ARE ARE
(Principal office address MUST BE A STRE	ET ADDRESS)	-5 SSE
		P (190)
		7: 05
Enter new mailing address, if applicable:		on om
<u>(Mailing address MAY BE A POST OFFICE</u>	<u></u>	
		<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of	• •	on our records, enter the name of the nev
Name of New Registered Agent:	ZASZ ENTERPRISES LLC	
New Registered Office Address:	501 N BENEVA RD UNIT #2	10
	Enter	Florida street address
	SARASOTA	, Florida 34232
	Ciny	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

BROTHERS STUCCO LEC

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARIA D RUIZ ROSALES	5123 GLENGARRY RD	■ Add
		WIMAUMA. FL 33598	Remove
			☐ Change
MGR	HUMBERTO, SANCHEZ SANCH	5123 GLENGARRY RD	
		WIMAUMA, FL 33598	■ Remove
			□ Change
MGR	MARIO, SANCHEZ SANCHEZ	5123 GLENGARRY RD	
		WIMAUMA, FL 33598	■ Remove
			□ Change
			Add
			☐ Remove
			Change
		-	Add
		-	☐ Remove
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Tective date, if other than the	date of filings			(optional)	
on effective date is listed, the date muote: If the date inserted in this bocument's effective date on the E	st be specific and ca lock does not mee	innot be prior to date at the applicable st	of filing or more than	90 days after filing.) Pu	
record specifies a delaye The 90th day after the rec		e, but not an e	effective time, a	t 12:01 a.m. on	the earlier
FEBRUARY I		2018			
11					

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Typed or printed name of signee

Filing Fee: \$25.00