L18000032207

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COVER LETTER

TO: Registration Section of Corp.			
SUBJECT: EXC	pross Ma	sonary & Cc	onstruction
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Younte	M. Glover Name of Person	
	Moren	Q Lawn V	areLLC
	POBOX	1181 00	
	à i	Address	- o /
	_ Crest	City/State and Zip Code	556
	E-mail address: (to be used for future annual report notif	īcation)
For further information cor	ncerning this matter, please co	गी:	
YOUODIC Name of 1	<u>Glover</u>	at (<u>850</u>) <u>6(2 –</u> Area Code Daytimo	5750 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 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 radditional copy is enclosed)
Registrat Division P.O. Box	GG ADDRESS: ion Section of Corporations . 6327 see, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 2 27 and assigned

Florida document number 1800032207

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" or the abbreviation "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:

| SUS | SUS

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

Page 1 of 3

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>	Address	Type of Action
AMBR	IAN Moreno	Address POBOX 1181 F(. 3253	CO DANG
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 Note: If the date 	if other than the date is listed, the date must be specificated in this block dottive date on the Department	es not meet the a	ipplicable statutory	g or more than 90 o y filing requireme	_ (optional) lays after filing.) Pu ents, this date will	rsuant to 605,0207 (3 not be listed as the
	cifies a delayed effe y after the record is		it not an effect	ive time, at 1	2:01 a.m. on	the earlier of:
Dated	Dec 5	12019	<u>/</u> .			
	Da Ma)	r authorized represer	ntativo of a mombo	· ·	
	JOVOVI	•	printed name of sig		•	

Page 3 of 3

Filing Fee: \$25.00