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## **COVER LETTER**

	Registration Section Division of Corporations
SUBJEC	T: Custom Stucco and Stone LLC  Name of Limited Liability Company
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	Craig Ullrich Name of Person
	Custom Stucco and Stone LLC
	10365 Etheridge Rd
	Pensacola, FL 32507 City/State and Zip Code
	Customs tucco and stone LLC Comercial Comercial Comercial E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
(	Vaia Ulrich at (B50) (098-105-20) Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
<b>\□</b> )\$25.0	00 Filing Fee Solution Status

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

Custom Stuce	o and Stone	LLC		
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our mited Liability Company)	<u>records.</u> )		
The Articles of Organization for this Limited Liability Con Florida document number <u>L1800071876</u> .		20/18	and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation	on "LLC" or the abbr	eviation "L.L.C	
Enter new principal offices address, if applicable:				9
(Principal office address MUST BE A STREET ADDRES	<u> </u>		<u></u>	131/ 038
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	_		.55	FARY OR OR
Enter new mailing address, if applicable:			70	<u> </u>
••	<del></del> -		ぶ	<del>- 350 -</del> - 25
manny day company to the control of the bony	new mailing address, if applicable:			
		ecords, enter th	ie name of	the nev
Name of New Registered Agent:			<del></del>	
New Registered Office Address:				
	Enter Florida stree	t address		
		, Florida		
	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, 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>	Address	Type of Action
AMBR	William Alverzo	8121 Lillian Hwy	
		Pensacola, FL 32506	Remove
			Change
AMBR	Drevi Hofmann	518 Edgewood Ct	Add
		Pensacola, Fl. 32505	☐ Remove
			☐ Change
			☐ Remove
			🗆 Change
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Note: If	ive date, if other than the date of filing:	(optional) date of filing or more than 90 days after filing.) Purs le statutory filing requirements, this date will r	uant to 605.0207 not be listed as
document		an effective time, at 12:01 a.m. on t	ne earlier of
the recor	rd specifies a delayed effective date, but not a 0th day after the record is filed.		
the recor ) The 90		. Q	
the recor ) The 90	Oth day after the record is filed.	ved representative of a member	

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Filing Fee: \$25.00