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PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

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TO: Registration Section

Division of Corporations

	MASONRY LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	HORTENSIA RODRIGUEZ TORRES				
		Name of Person	<del></del>		
	MANATE MASONRY LI	.C			
	-	Firm/Company			
	1380 LAUREL DR				
		Address	· ··		
	NORTH FORT MYERS .	FL 33917			
		City/State and Zip Code			
	HORTERODRIGUEZ7472	• •			
	E-mail address: (	to be used for future annual report no	tification)		
For further information of	concerning this matter, please co	all:			
HORTENSIA RODRIGUEZ TORRES		262 748-7783			
Name of Person			me Telephone Number		
Enclosed is a check for t	he following amount:				
☐ \$25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Forporations 27	Street Address: Registration So Division of Co The Centre of	orporations		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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MANATE MASONRY LLC

SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our recorded, ANASSEE, Electrical (A Florida Limited Liability Company)

The Articles of Organization for this Limited Li	iability Company	were filed on $\frac{03/26/3}{2}$	2018	and assigned
Florida document number L18000077585				
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
HR MASONRY LLC	_			
The new name must be distinguishable and contain the w	ords "Limited Liabi	ity Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREE	T ADDRESS)			
		N/A		
Enter new mailing address, if applicable:		18/74		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/or ragent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:				of the new registered
	Enter Florida street address			
			, Florida	Zip Code
		A 17.		Zip Code
New Registered Agent's Signature, if changing I	Designated Leants	City		

If Changing Registered Agent, Signature of New Registered Agent

1 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 **Type of Action Title** Name. <u>Address</u> \_\_\_\_\_ □ Add □ Change \_\_\_\_\_\_ 🗆 🗀 Add \_\_\_\_\_ □Remove \_\_\_\_\_\_ Change 

\_\_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_\_\_ □Add □ Remove ☐ Change \_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □ ∧dd \_\_\_\_\_ □Remove

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E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this blo document's effective date on the Do	ock does not meet the applicab	date of filing or more than 90 days after the statutory filing requirements, this	nal) filing.) Pursuant to 605.0207 (3)(b) date will not be listed as the
f the record specifies a delayed effective ecord is filed.	e date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated	2021	_·	
Dated Hortensia Po	20 driguet ton Signature of a member or authori.	Y es	
HORTENSIA RODRIG			
	Typed or printed	name of signee	<del></del>

. . . .

Filing Fee: \$25.00