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Florida Department of State
Division of Corporations

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Email Address: MIGUELMIGUEL7@GMAIL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG
RESIGN
PEREZ MASONRY LLC**

4/27/18 95

04/28/2018 11:53AM FAX 813 884 0263
4/26/2018

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Division of Corporations

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TOLLAHASEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PEREZ MASONRY LLC
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:

MIGUEL A PEREZ-BENCOMO
Name of Person

PEREZ MASONRY LLC
Firm/Company

321 35TH AVEN #D4
Address

ST PETERSBURG, FL 33713
City/State and Zip Code

miguclmigucl7@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIGUEL A PEREZ-BENCOMO at (**727**) **304-9968**
Name of Person Area Code Daytime 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 (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

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 TALLAHASSEE, FL
 REGISTRATION SECTION

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEREZ MASONRY LLC

(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 03/26/2018 and assigned Florida document number L18000077592

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 "L.L.C."

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:

Enter Florida street address

Florida

City

Zip Code

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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

Title	Name	Address	Type of Action
MGR	CONRADO ERNESTO, NARANJO	10636 GRANDY BLVD N.	<input checked="" type="checkbox"/> Add
	FIRST: CONRADO	LOT 37	<input type="checkbox"/> Remove
	MIDDLE: ERNESTO	ST. PETERSBURG, FL 33702	<input type="checkbox"/> Change
	LAST: NARANJO LEDEA		
MGR	DANNY YODEL, CASTELLANO	6562 65TH AVE N	<input checked="" type="checkbox"/> Add
	FIRST: DANNY	PINELLAS PARK, FL33781	<input type="checkbox"/> Remove
	MIDDLE: YODEL		<input type="checkbox"/> Change
	LAST: CASTELLANO. LEDEA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 DATE 04-26-2018 BY 60322 UCBAW/STP

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 4/25/18

Handwritten signature: MBM

Signature of a member or authorized representative of a member

Miguel A. Perez

Typed or printed name of signer

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