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### **COVER LETTER**

TO:

TO: Registration S- Division of Co						
BLANCO SUBJECT:	DEMOLITION SVC LLC					
30BJEC1	Name of Lir	nited Liability Company	·			
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.				
	ondence concerning this matter	<del>-</del>				
	EVANGELINA NUNEZ	PEREZ				
	<del></del>	Name of Person				
	BLANCO DEMOLITION	N SVC LLC				
	Firm/Company					
	3925 E GATOR CIRCLE					
		Address				
	CAPE CORAL, FLORID	A 33909				
	NUNEZKOKI@YAHOO.	City/State and Zip Code				
	E-mail address:	(to be used for future annual report not	fication)			
For further information c	oncerning this matter, please o	rall:				
EVANGELINA NUNEZ	Z PEREZ	239 223-9890				
Name o	f Person	at () Area Code Daytim	e Telephone Number			
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations			

Tallahassee, FL 32303

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

## **BLANCO DEMOLITION SVC 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 Florida document number L18000086739 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NA The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." NΑ Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NA 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

#### 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

. Florida

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>	Name	Address	Type of Action
MBR	EVANGELINA NUNEZ PEREZ	3925 E GATOR CIRCLE	🗆 Add
		CAPE CORAL 33909	_
			<b>■</b> Change
MBR	ISRAEL BLANCO TOCA	3925 E GATOR CIRCLE	
		CAPE CORAL 33909	
			■ Change
			□Add
			□Remove
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neffective date is listed, the date must te: If the date inserted in this blo	be specific and cannot ck does not meet th	be prior to date of e applicable state	filing or more than 9 atory filing require	0 days after tiling.) Pursuments, this date will no	ant to 605,020 at he listed as
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Filing Fee: \$25.00