118000128727

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	ne)
(Dc	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
1		1

Office Use Only



300314723083

B& 21/16-Toler a rocks (★*Figur

2818 JUN 21 PH 4: 48

R FIGUEROA JUN 2 2 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CJS Stucco and Construction Servi	ices, LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jennifer Sicilio Name of Person	- n Senices (10
CJS Stucco and Construction	<u>n Jaolas</u> , coc
2309 MCGee Rd Address	
Plant City, FL 33565 City/State and Zip Code	
CJSSTUCCOR amoul Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tennifer Sicilib at (813) 992-6707 Name of Person Daytime Telephone No.	umber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy litional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CJS Stucco and C (Name of the Limited Liability Compa (A Florida Limited L	CONSTUCTION AS IT NOW APPEARS ON OU	on Services, LLC
	<u>-</u>	
The Articles of Organization for this Limited Liability Company	were filed on	23 2018 and assigned
Florida document number <u>LI800012872</u> .7		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	•	
CT'S Stucco and Cons The new name must be distinguishable and contain the words "Limited Liabil	struction	Services, LC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	MA	
(Principal office address MUST BE A STREET ADDRESS)		201
		<u> </u>
		75 75
Enter new mailing address, if applicable:	MA	
(Mailing address MAY BE A POST OFFICE BOX)		
		35 = -
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of		records, enter the name of the new
registered agent and/or the new registered office address here	<u>2</u> :	
Manua (CM) (D) (m) (d) (m) (M)		
Name of New Registered Agent:	<i>/</i> /	
New Registered Office Address:	5 PL 1	
	Enter Florida stre	et 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 Title **Name** <u>Address</u> Type of Action MGR/ Christopher Jay Ouner ☐ Remove □ Change □ Add _□ Remove _

Change ____ □ Remove ____ Change □ Add □ Remove _□ Add _□ Remove ☐ Change □ Add ☐ Remove _____ Change

<u></u>			
_			
-		:	22
		=	2010 JUR
		<u> </u>	- Z
			X
	e date, if other than the date of filing: $\frac{5/23/2018}{}$ (optional)	Pursuant	
an effec lote: If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date in a effective date on the Department of State's records.		oc risted a
an effec <u>Sote:</u> If ocumer e reco	The date inserted in this block does not meet the applicable statutory filing requirements, this date in a effective date on the Department of State's records. If the date inserted in this block does not meet the applicable statutory filing requirements, this date in a effective date on the Department of State's records. If the day after the record is filed.	will not b	
an effec <u>Sote:</u> If locumer e reco	The date inserted in this block does not meet the applicable statutory filing requirements, this date in a effective date on the Department of State's records. If the date inserted in this block does not meet the applicable statutory filing requirements, this date in a effective date on the Department of State's records. If the day after the record is filed.	will not b	
an effec <u>Sote:</u> If locumer e reco	The date inserted in this block does not meet the applicable statutory filing requirements, this date in a effective date on the Department of State's records. In the date inserted in this block does not meet the applicable statutory filing requirements, this date in the self-entire date on the Department of State's records. In the date inserted in this block does not meet the applicable statutory filing requirements, this date in the date of the date of the date on the Department of State's records. In the date inserted in this block does not meet the applicable statutory filing requirements, this date in the date of t	will not b	
fan effec Note: If locumer e reco	The date inserted in this block does not meet the applicable statutory filing requirements, this date in a effective date on the Department of State's records. In the date inserted in this block does not meet the applicable statutory filing requirements, this date in the self-ective date on the Department of State's records. In the date inserted in this block does not meet the applicable statutory filing requirements, this date in the self-ective date on the Department of State's records.	will not b	

Page 3 of 3

Filing Fee: \$25.00