## 118000220837

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ALLAHASSEE, FLORIDA

## **COVER LETTER**

	istration Secti ision of Corpo					
eubucar.	SD PREMIEI	R STUCCO LLC				
SUBJECT:		Name of Lim	ited Liability Company	<del></del>		
		mendment and fee(s) are sub				
Please return	all correspond	dence concerning this matter CHRISTIAN BRANCO	to the following:			
Name of Person						
SD PREMIER STUCCO LLC						
Firm/Company						
	9484 BOGGY CREEK ROAD # B				18 18	
	Address					
	ORLANDO, FL 32824				TANY HASSE	FILED
City/State and Zip Code						
		•	FICEMANAGER@BRANCOSTUCCO.COM			$\overline{}$
		E-mail address: (	to be used for future annual report notif	cation)	6: 33 TATE ORIDA	
For further in	nformation con	cerning this matter, please ca	all:		⊳ ω	
CHRISTIA	N BRANCO		407 857-7089			
	Name of F	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for the	following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of 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

SD PREMIER STUCCO LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000220837</u> .	y were filed on <u>09/17/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	or the abbrariation 'cc.'
Enter new principal offices address, if applicable:	<del></del>	<u> </u>
Principal office address MUST BE A STREET ADDRESS)		ASSEE O
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 6: 33
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		s, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	SS
	, Fl	orida   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>	<u>Address</u>	Type of Action
MGR	MICHAEL BRANCO	9484 BOGGY CREEK ROAD #B ORLANDO, FL 32824	<b>=</b> Add
			Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			<u>~</u> ⊙_
		<del></del>	FILED  RECT 200 PH 45: 33  AHASSEE, FLORIDA
			ODE Aden ORIC 33 ORIC 33
		<del></del>	Change
			□ Remove
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			☐ Change

. If amending any other info					<del></del>	
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Effective date, if other that	n the date of filing	09/17/2018 3:	·	(optiona	1)	
(If an effective date is listed, the da Note: If the date inserted in t document's effective date on	his block does not m	neet the applicable	te of filing or more the statutory filing req	nan 90 days after filir juirements, this da	ng.) Pursuant to 605.0 te will not be listed	1207     as 1
the record specifies a del ) The 90th day after the	ayed effective de record is filed.	late, but not ar	effective time	, at 12:01 a.m	<u> </u>	
Dated OCTOBER 17,		2018			HAS.	
Daieu		·			22 PM RY OF S SEE, FL	1
	Signature of a r	nember or authorize	i representative of a	member	₩ 6:	(
CHRISTIAN BRA	ANCO				: 33 ADA	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00