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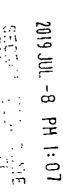
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June 26, 2019

CARLOS SANTAMARIA 1222 HERSCHELL ST. LAKELAND, FL 33815

SUBJECT: CORCHO STUCCO LLC

Ref. Number: L19000051472

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 719A00012963

2019 JUL -8 PH 12: 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORCHO STUCCO LLC		
(Name of the Limited I	diability Company as it now appears on our records. Torida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L19000051472	lity Company were filed on 02/21/20019	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e 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	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
		<u> </u>
	•	PH
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:		enter the name of the
	. Flor	ida
-	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 wiprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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>	Address	Type of Action
AMBR	MARTINA CONTRERAS SANTAMARIA	1222 HERSCHELL ST. LAKELAND FL. 33845	Add
			■ Remove
			Change
AMBR CARLOS A. SANTAMARIA	CARLOS A. SANTAMARIA	1222 HERSCHELL ST. LAKELAND FL. 33815	≅ Add
			□ Remove
			Change
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ffecti	ve date, if other than the date of filing:
an eff	ective 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 605.04
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
The	90th day after the record is filed.
	7/3/19 Multine Control Signature of a member or authorized representative of a member
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Page 3 of 3

Filing Fee: \$25.00