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| Certified Copies        | _ Certificates                        | s of Status |
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| Special Instructions to | Filing Officer:                       |             |
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## **COVER LETTER**

| Division of Corp            | orations  |   |   |
|-----------------------------|---|---|---|
| SUBJECT: J.KELLIN           | G STUCCO, LLC<br>Name of Lim                    | ited Liability Company  |   |
| The enclosed Articles of A  | mendment and fee(s) are sub                     | mitted for filing.  |   |
| Please return all correspon | dence concerning this matter                    | to the following:   |   |
|                             | Processing Departmen                            |   |   |
|                             |   | Name of Person  |   |
|                             |   | Firm/Company  | <del></del>   |
|                             | 5605 Riggins Court                              | Suite 200   |   |
|                             |   | Address   |   |
|                             | Reno. NV 89502                                  |   |   |
|                             |   | City/State and Zip Code   |   |
|                             | docs@incauthority.com<br>E-mail address: (      | to be used for future annual report notifi                                | ication)  |
| For further information con | ncerning this matter, please ca                 | all:  |   |
| Processing Departmen        | nt  | at (800 ) 638-2320  |   |
| Name of                     | Person  |   | Telephone Number  |
| Enclosed is a check for the | following amount:                               |   |   |
| ☑ \$25.00 Filing Fee        | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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



2019 OCT 22 PH 1: 47

## J.KELLING STUCCO, 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 08/06/19and assigned Florida document number <u>L190</u>00200595 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 \_\_\_

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>           | Address           | Type of Action |
|--------------|-----------------------|-------------------|----------------|
| MRG          | Samuel Shepherd       | 6201 Cherry St #9 | Ø Add          |
|              | Panama City, FL 32404 | Remove            |                |
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|        | tive date, if other than the date of filing:  cive 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 605.020 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records. |
| e reco | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o<br>90th day after the record is filed.   |
| ated _ | 10-14-19   |
|        | 1-koll/3   |
|        | Signature of a member or authorized representative of a member   |
|        | John Kelling  Iyped or printed pame of stones  |

Page 3 of 3

Filing Fee: \$25.00