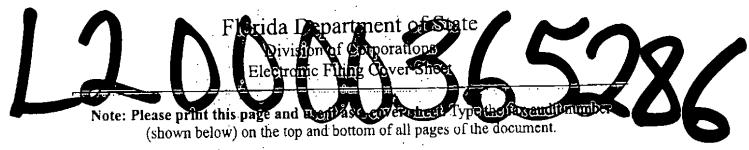
3/10/2021

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514

Phone

: (727)442-1200

Fax Number

: (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIOLOGIA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Electronic Filing Menu

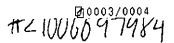
Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIOLOGIA LLC			·.
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears or ted Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on NOVI	EMBER 18, 2020	and assigned
Florida document number L20000365286			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited i	iability company here	:	
MATES-VAZQUEZ-DITTMAR INDUSTRIES LLC			
The new name must be distinguishable and contain the words "Limited L	iability Company," the desig	mation "LUC" or the abb	reviation "L.T.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		<u> </u>
			73
• *			<u> </u>
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		·	<u> </u>
:			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our reco	ords, <u>enter the name</u>	of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enier Florida	street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ag			
I hereby accept the appointment as registered agent and	agree to act in this ca	pacity. I further agr	ee to comply with th

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 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	<u>Address</u>	Type of Action
MGR	BLAKE STEER	35246 US HWY 19 N	
		PALM HARBOR, FL 34684	≡Remove
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(If an effective of Note: If the	atc, if other than the date date is listed, the date must be date inserted in this block effective date on the Depar	does not meet the app	licable statutory filir	(option: were than 90 days after fil g requirements, this d	ing.) Pursuant to 605.	0207 (3) d as the
he record spec ord is filed.	tifics a delayed effective da	tc, but not an effective	e time, at 12:01 a.nı.	on the earlier of: (b)	The 90th day after	the
	•	2021				

Filing Fee: \$25.00