L2000386095

(Ř	equestor's Name)	
(A	ddress)	
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PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
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Certified Copies	Certificates o	of Status
Special Instructions to Fil	ing Officer;	

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PRO CHOICE CONSTRUCTION	I, LLC	
Please Debit FCA000000003 For: 25	5	
Thank you Seth Neeley		
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At 1/2/		Art of lne. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
,		Officer Search
		Fictitious Search
DOM/		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
<u> </u>		UCC 11 Search
Name Date	Time	UCC 11 Retrieval
Walk-In Will Pick Up		Courier

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

PRO CHOICE CONSTRUCTION, LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: EMANUELLE OLIVEIRA Name of Person OPTION ONE ACCOUNTING INC Firm/Company 3275 W HILLSBORO BLVD, SUITE 205 Address DEERFIELD BCH, FL 33442 City/State and Zip Code LARA@OPTFIRM.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LARA Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PRO CHOICE CONSTRUCTION		
(Name of the Lim	ited Liability Company as it now appe: (A Florida Limited Liability Company)	irs on our records.)
The Articles of Organization for this Limited I		2/10/2020 and assigned
Florida document number L20000386095		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company h	<u>ere</u> :
RIVER'S STUCCO LLC		
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 appli	cable:	•
Principal office address MUST BE A STRE		
Timequa office maness most the Attitue.	<u> </u>	:

Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
	·-·	
B. If amending the registered agent and/or igent and/or the new registered office addre	registered office address on our i	records, enter the name of the new regis
igent and/or the new registered write address	.ss icic.	
Name of New Registered Agent:	OPTION ONE ACCOUNTING	NC
New Registered Office Address:	3275 W HILLSBORO BLVD, S	UITE 205
	Enter Flo	rida street address
	DEERFIELD BCH	, Florida ³³⁴⁴²
	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.

/S/ EMANUELLE OLIVEIRA

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>	Name	Address	Type of Action
			□Add
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fective date, if other than the date in effective date is listed, the date must be spote: If the date inserted in this block discument's effective date on the Department.	pecific and cannot be prior to date loes not meet the applicable st	(optional of filing or more than 90 days after filing atutory filing requirements, this dat	g.) Pursuant to 605,020
ecord specifies a delayed effective date is filed.	e, but not an effective time, at	12:01 a.m. on the earlier of: (b) T	he 90th day after the
	2024		
SEPTEMBER 9TH ted	··		
SEPTEMBER 9TH	/S/ RACHEL K W	'ALTERS	

Filing Fee: \$25.00