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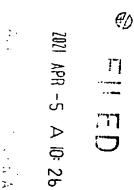
(Re	questor's Name)	
- (Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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04/05/21--01017--028 **25.00





COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: DOWN TO Earth Stucco Lic 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:	
Leo M Butts Name of Person	
Firm/Company	
1806 S. HOlly AVE	
Sanford FC 32.77 City/State and Zip Code Leomax butts a gmail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at 352, 626-9120 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Certified Copy & Certified Copy	CD
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	I

`ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Down To	Earth Stuces LLC
(<u> </u>	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li	iability Company were filed on $\frac{62}{17}$ $\frac{17}{2}$ $\frac{621}{2}$ and assigned
Florida document number <u>L210006</u>	
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	f the limited liability company here:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, <u>enter the name of the new registered</u> s here:
Name of New Registered Agent:	Butto Leo M
New Registered Office Address:	1806 S. Holly Ave Enter Florida street address
	Sanford Florida 3 2771 Florida 3 2771
New Registered Agent's Signature, if changing R	egistered Agent:
provisions of all statutes relative to the prope accept the obligations of my position as regis.	d agent and agree to act in this capacity. I further agree to comply with the r and complete performance of my duties, and I am familiar with and tered agent as provided for in Chapter 605, F.S. Or, if this document is egistered 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
CWR	LEO M. Butts	1806 S. Holly Ave	⊠Ádd
		Sanford FL 32771	□Remove
			□Change
<u>Pres</u>	Les M Butts	1806. S. Holly Ave	□Add
		Sanford, fl 32771	B Remove
			□Change
			🗆 Add
			Remove
			□Change
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			□Remove
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		7- 2-	<mark>2</mark> □Add
			□Remove
			□Change

				
				
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tive date, if other than the da	te of filing:		(optional)	
ffective date is listed, the date must be	specific and cannot be prior to	date of filing or more th	an 90 days after filing	.) Pursuant to 605.0
If the date inserted in this block ment's effective date on the Depar	timent of State's records.	ole statutory fring req	uirements, this date	will not be listed
			•	2021
ord specifies a delayed effective da	ite, but not an effective tim	e, at 12:01 a.m. on the	e earlier of: (b) T	he 90th-day afterit
îled.				=====================================
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