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(((H21000105550 3)))



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.....Division.of.Comporations.....

Fax Number : (850)617-6383

Erom:

Account Name : TAX ZONE INC. Account Number : I20190000044

: (407)888-3131

Fax Number

(888)453-0509

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

Email Address: accountant @taxzoneFL com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN S & H STUCCO SERVICES LLC

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COVER LETTER

4210001055503

e a. 11 cmt 17	CCO SERVICES LLC		
UBJECT:		AT heiting Community	
	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	titted for filing.	
lease renun all correspor	ndence concerning this matter to	o the following:	
	ED KOTLET		<u>-</u>
		Name of Person	
	TAX ZONE INC		
		Firm/Company	
	8865 COMMODITY CIR S	SUITE 4	
		Address	
	ORLANDO, FL 32819		
	01011100111111	City/State and Zip Code	
	ACCOUNTANT@TAXZO	NEFL.COM	
	E-mail address: (t	o be used for future annual report notif	cation)
For further information c	oncoming this matter, please ca	all:	
		407 099 3131	
ED KOTLER	CD.	at ()	: Telephone Number
Name o	f Person	,	
Enclosed is a check for the			560.00 Filing Fee,
■ \$25.00 Filing Fcc	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	Certificate of Status &
	C.211110000 0 1 =	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H21000 1055503

rds.)

S & H STUCCO SERVICES LLC

Page: 6 of 8

(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 Com-	T	and assigned
Florida document number L21000105475		*
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
		"I I (" or the appreviation "I I.C."
The new name must be distinguishable and contain the words "Limited		
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	, ,,,	
n re the registered agent and/or registered to	office address on our records,	enter the name of the new registered
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, g	enter the name of the new registered
agent and/or the new registered office address nere:		
agent and/or the new registered office address nere:	office address on our records, g	
Name of New Registered Agent:		
agent and/or the new registered office address here:	Enter Florida street	address
Name of New Registered Agent:	Enter Florida street	address
Name of New Registered Agent: New Registered Office Address:	Enter Florida street City	
New Registered Agent's Signature, if changing Registered.	Enter Florida street City Agent:	address , Florida Zip Code
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered agent as hairs filed to merely reflect a change in the registered	Enter Florida street City Agent: and agree to act in this capacity in plete performance of my dut	address, Florida Zip Code y. I further agree to comply with the ies, and I am familiar with and 605 F.S. Or. if this document is
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con	Enter Florida street City Agent: and agree to act in this capacity in plete performance of my dut	address, Florida Zip Code y. I further agree to comply with the ies, and I am familiar with and 605 F.S. Or. if this document is

ももししく 1055500

18884530509

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
MGR	LUIS LOPEZ	11705 BOYETTE RD SUITE 260	= Add
		RIVERVIEW, FL 33569	□ Remove
			□ Change
			[]Add
			TERemove .
 ··			@Change
			□ Add: £.
			□Reindve
			☐ Change
			□Add
			□ Remove
			Change
			I.3Remove
			_ _ Add
			Remove
			□Change

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				-
				
	22.U.(10021			
Effective date, if other than the	date of filing: 03/16/2021	A CELLIN OF MORE than	(optional)	mant to 605.0207 (3)(b)
(If an effective date is listed, the date must	ck does not meet the applica	into statutory a ming redain	ements, this date will	not be listed as the
document's effective date on the De	partment of State's records.			
				l. Januar Danetha
f the record specifies a delayed effective	date, but not an effective tir	me, at 12:01 a.m. on the c	arher of: (b) The 90	n cay after the
ecord is filed.				
MARCH 16	2021			
1)8(8(1)	,	<u> </u>		
Scadra	Visilakis Signature of a member or author			