# L21000159891

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	<u>.</u>			
Special Instructions to Filing Officer:				

Office Use Only



600374410076

10/06/21--01004--003 \*\*25.00

16/14/2 ARRENT -6 PH 12:24

## **COVER LETTER**

		eo · Eii EE · · Eii	
TO: Registration Section Division of Corpor			<b>,</b>
SUBJECT:	C - Z St	ucco and I	Drywall LLC
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Jeron	ino Casio	mo Zuniga
	J-C-Z	Z Stucco	and Drywall LLC
	P. 0	30X 142 Address	8
		City/State and Zip Code	
-	Casiant E-mail address: (i	o be used for future annual proport notice	il. (orm
For further information conc	erning this matter, please ca	dl:	
OP CONIMO Name of Per	Casicino Zu	rigGat (239) 1691 - Daytimo	e Telephone Number
Enclosed is a check for the fo	ollowing amount:		
[1] \$25.00 Filing Fee [	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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

The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number L 2100015989 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 "LLC." 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 City

### 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.

	Authorized Person(s) auth from our records:	orized to manage, enter the title, name, and address	s of each person being adde
MGR = M AMBR = A	lanager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
Ambr	Casiano Za	uniga, Jeronimo P.O. Box 1428 LaBelle, FC 339.	□ Add
		LaBille, FL 339.	35 Remove
			<b>T</b> Change
			□Add
		<del></del>	□Remove
		<del></del>	Change
			□Add
			2000 OCT
			を の の の の の の の の の の の の の
<del></del>	<del></del>		P型型2: 2
			□ Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
			🗀 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
I would like to change title	<u> </u>
tron MP to MINIC	
	<u></u>
	<del></del>
	<del></del>
	<del></del>
	20
	21 OC *
	12:
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t record is filed.	h day after the
Dated CTOBET 4 . 2001.	
Dated	
Signature of a member or authorized representative of a member  Typed or printed name of signee	

Filing Fee: \$25.00