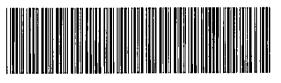
## 622000096673

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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R. HUNT 02/27/2J

## **COVER LETTER**

	ision of Corp				
and there		MASONRY LLC			
SUBJECT:		Name of Limi	ted Liability Company	<del></del>	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		JANIE CASTILLO			
			Name of Person		
		CASTILLO PAYROLL &	TAX SERVICE INC		, 'r3
			Firm/Company	<del></del>	
		14 N DESOTO AVE			
			Address		
		ARCADIA, FL 34266		[1] (1)	Ali 10: 33
			City/State and Zip Code	1	를 3 3
		CASTILLOPAYROLL@G		***	
			to be used for future annual report not	ancation)	
For further i	information co	oncerning this matter, please ca			
JANIE CAS	STILLO		863 494-0245 at ()		
	Name of	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is	a check for th	ne following amount:			
E \$25,00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &
Re Di P.	ailing Addres egistration S ivision of C O. Box 632 illahassee, l	Section Torporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, F	orporations Tallahassee oe Street, Suite 81	0

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SORIANO MASONRY LLC				_
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) lability Company)			
he Articles of Organization for this Limited Liability Company of Norida document number 88-1164088 222006866	were filed on 02/21/2023		and	assigned
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liabi	lity company here:			
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" of	the abbr	eviatior	"L.L.C."
nter new principal offices address, if applicable:			<del>,,</del>	
Principal office address MUST BE A STREET ADDRESS)			.}	_
			<u>:</u>	,
			; .; 1	•
inter new mailing address, if applicable:			=	
Mailing address MAY BE A POST OFFICE BOX)		نت د	<u> </u>	**************************************
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			<del></del>	
. If amending the registered agent and/or registered office a	ddress on our records, enter the	e na <u>me</u>	of the	new regis
gent and/or the new registered office address here:				
Name of New Registered Agent:		_		-
New Registered Office Address:				
	Enter Florida street address			
	, Flori	da		
	City		Zip Ci	ode

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.

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	
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ective date, if other than the did effective date is listed, the date must	be specific and c	annot be prior to	date of filing or	more than 90 day	es after filing.) I	ursuant	to 605,020
te: If the date inserted in this bloc rument's effective date on the Dep			ne statutory in	ing requiremen	is, this date w	iii not t	ie listed a
cord specifies a delayed effective s filed.	date, but not a	n effective tim	e, at 12:01 a.n	i, on the earlier	of: (b) The	90th da	y after the
s med.							
ed		2023					
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