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2022 JUL 13 AMII: 2

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COVER LETTER

Registration Section

TO:

Divi	ision of Cor	porations			
alin inzvr					
SUBJECT:	<u> </u>	<u>. </u>			
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Alvaro Lazaro			
			Name of Person		
	Name of Limited Liability Company ed Articles of Amendment and feets) are submitted for filing. mail correspondence concerning this matter to the following: Alvaro Lazaro Name of Person Aztee Masonry Builder LLC FirmeCompany 38928 Old Sparkman Rd Address Dade City, FL, 33525 City/State and Zip Code mariareachers@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: taro Name of Person Name of Person Name of Person Name of Person S55,00 Filing Fee & S60,00 Filing Fee, Certificat Copy Ladditional copy is enclosed) S60,00 Filing Fee, Certificat Copy Ladditional copy is enclosed) Silveet Address: egistration Section Section Registration Section				
	Name of Limited Liability Company melosed Articles of Amendment and feets) are submitted for filing. e return all correspondence concerning this matter to the following: Alvaro Lazaro Name of Person Aztec Masonry Builder LLC Firm/Company 38928 Old Sparkman Rd Address Dade City, FL, 35525 City/State and Zip Code mariareachers@gmail.com E-mail address: (to be used for future annual report notification) arther information concerning this matter, please call: ro Lazaro Name of Person Area Code Name of Person Section Section Name of Person Name of Person Name of Person E-mail address: Section Filing Fee & Certificat Copy Certificat Copy radditional copy is enclosed) Mailing Address: Street Address:				
		38928 Old Sparkman Rd			
			Address		
		Dade City, FL, 33525			
			City/State and Zip Code	 	
		_	to be used for future annual report not	ification)	
For further in	formation c				
Alvaro Lazar	Ή				
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy	
				ection	
Division of Corporations		Division of Co			
), Box 632		The Centre of		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Aztec Masonry Builder LLC

2022 JUL 13 AH 11:31

(Name of the Limited Liability Company as it now appears on our records ORE TARY OF STATE (A Florida Limited Liability Company) TALL AHASSEE, FLOWER The Articles of Organization for this Limited Liability Company were filed on $\frac{04-19-2022}{1}$ _____ and assigned 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 "L.L.C." 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 registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ALVARO LAZARO	38928 OLD SPARKMAN RD	≣ Add
		DADE CITY, FL 33525	□Remove
			🗖 Change
			□Remove
		-	☐ Change
			🗀 Add
			□ Remove
			□ Change
			□ Add
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ffective date, if other than the land of the factive date is listed, the date in Sote: If the date inserted in this locument's effective date on the	block does not me-	et the applicable :	e of filing or more than statutory filing requir	(optional) 90 days after filing.) Pursuan ements, this date will not	t to 605,0207 (be listed as tl
record specifies a delayed effect Lis filed.	tive date, but not ar	n effective time, a	t 12:01 a.m. on the c	arlier of: (b) The 90th d	ay after the
ated MAY 27		2022			
	-2	<i></i>			
			representative of a me		

Typed or printed name of signee