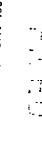
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Se Division of Col		
SUBJECT: SOCA	le Services LLC	
Sourcer Of MO	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Ryan Spade Name of Person	
	Name of Person	
	S Pade Services LLC Firm/Company	
	Firm/Company	
	14090 Per:neter Dr.	
	Address	
	Brooksving FL 241	
	Brooksville, FL 34614 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information c	concerning this matter, please call:	
Ryan	Sande 352 (010:0835	
Name o	Space at (352) (10 - 0835) Person Area Code Daytime Telephone No.	ımber
Enclosed is a check for the	he following amount:	
□ \$25.00 Filing Fee	Certificate of Status Certified Copy Certadditional copy is enclosed) Certified Copy	00 Filing Fee. ificate of Status & ified Copy tional copy is enclosed)

 $\mathbf{v}_{i} = \mathbf{v}_{i} \mathbf{v}_{i} + \mathbf{v}_{i} \mathbf{v}_{i}$

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

Stade Services Li	<u></u>	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	_
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000450843</u> .	un lucilorena	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Coastal Hardscape Pros LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:	16090 Perimeter Dr.	
(Principal office address MUST BE A STREET ADDRESS)	16090 Perimeter Dr. Brooksville, FL 34614	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16090 Perimeter Dr. Brooksville, FL 34614	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the	new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida Zin Co	
	City Zip Co	de

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.

It 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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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(If an effe <u>Note:</u>	ve date, if other the ective date is listed, the c If the date inserted in ent's effective date or	fate must be specific and this block does not r	d cannot be prior t neet the applica	o date of filing or m ble statutory filin	(optio ore than 90 days after g requirements, this	filing.) Pursuant to 605	.0207 (3 ed as th
he record ord is file	l specifies a delayed c ed.	effective date, but not	an effective tin	ne, at 12:01 a.m. (on the earlier of: (b)	The 90th day after	r the
Dated_	August	Acery Signature of a	. <u>2024</u>	_·			
		Active of a signature	Space member or author	ized representative	of a member		
		Asi	nley Sp	Tname of signee			