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TO:18506176383 FROM:4073703120

Division of Corporations 1/16/24, 12:55 PM

> Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

> > (((H24000021454 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 Phone : (407)370-3686 Fax Number : (407)370-3120

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

C 1 \	Addrage			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STUCCO & PAVERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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Help T. LEMIEUX JAN 17 2024

Θ:	2	01/16/2024	12:59 PM	TO:18506176383 COVER LETTER	FROM:40	73703120
TO:		istration Section ision of Corporatio	us .	•		,
ems	JECT:	STUCCO & PAVE	ERS LLC			
306	JEC II		Name of L	imited Liability Company		
The	enclosed	Articles of Amendr	nent and fee(s) are s	ubmitted for filing.		
Pleas	se return	all correspondence	concerning this matte	er to the following:		
		CA	ROLINE LARSON			
		<u></u> .	· · · · · · · · · · · · · · · · · · ·	Name of Person		-
		LAI	RSON ACCOUNTIN	√G GROUP		
				Firm/Company	·	
		790	I KINGSPOINT PK	WY SUITE 17		
				Address		
		ORI	LANDO, FL. 32835			
				City/State and Zip Code		
		ASSI		E@LARSONACC.COM		
				: (to be used for future annual repo	ort notification)	
For fi	urther in	formation concerning	ig this matter, please	call:		
FLA	VIANE	BARROS		407 370-36 at ()	686	
		Name of Person			Daytime Telepho	ne Number
Enelo	osed is a	check for the follow	ving amount			
		iling Fee 🗀 \$3	0.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed		\$60.00 Filing Fee. Certificate of Statu Certified Copy (additional copy is encl
		ing Address:		Street Addre		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303 Page: 3 01/16/2024 12:59 PM TO:18506176383 FROM:4073703120

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STUCCO & PAVERS LLC					
(Name of the Limi	ted Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)		-	1
The Articles of Organization for this Limited L. Florida document number L23000553278	iability Company	were filed on 12/15/2023	and	assign	:d
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liab	nility company here:			
UNIVERSAL CONTRACTORS LLC					
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation	"L.IC.	
Enter new principal offices address, if applie	cable:	N/A			
(Principal office address MUST BE A STREE	ET ADDRESS)	<u></u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	N/A			
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter the nan</u>	ne of the	new re	gisteret
Name of New Registered Agent:					
New Registered Office Address:				<u></u>	- •
		Enter Florida street address	•	172	
		Florida	Zip Co	<u>ယ</u> -	
		City	in Co	(E)	

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.

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Actio
			□Change
			□Add
			
			□Change
			□Add
			□ Remove
		 ,	□Change
			DAdd
			□Change
			□Add
			□Remove
			□ AJd

□Remove

□ Change

TO:18506176383 FROM:4073703120_ Page: 01/16/2024 12:59 PM D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 90th day after the record is filed. Dated _ January 2023 Signature of a member or authorized representative of a member

MERITON GODOI

Typed or printed name of signee