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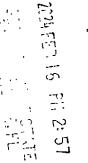
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations		
SUBJECT:	1 Stucco	Services	<u>L</u> C
	Name of Limit	ed Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Oscar	Name of Person	1 Cartagena
		Firm Company	
	2029 /	1 Oak Ridg	e Rd Apt B5B
	Orlando	Address 3	2809
	Iris m	City/State and Zip Code	Qamail com
	E-mail address: (to	be used for future annual report notifi	callon)
For further information co	oncerning this matter, please ca	11:	
OSCar O.	Madrid Carta	gena 817, 657	Telephone Number
Name o	f Person C	/ Area Code Daytime	Telephone Number
Imelosed is a check for th	ne following amount:		12
1 S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Sec	tion
Registration Section Division of Corporations		Division of Corp	
P.O. Box 6327		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

OM Stucco	bervices LLC
(Name of the Limited Liability Compan (A Florida Limited Li	iy as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Horida document number L24006041772	were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	APP N Oakridge Rd AP+ B5 Orlando F2 32809
3. 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:	<u> </u>
New Registered Office Address:	
	Enter Florida street address Florida
	City Zip Code
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 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>Address</u> Title Name **Type of Action** Iris Marleny Monray Oliva 2929 W. Oak Ridge Rd Add

Apt B5

Orlando Fr 32809 Remove □ Change □Remove ______ □Change _ 🗆 Remove _____ 🗀 Remove _____ Change _____ ⊑∧dd

□Remove

			
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	. 01	. 1	
Effective o	late, if other than the date of filing:	0 1 200 U (optio	nal)
Lan effectiv <mark>Note:</mark> If th	e date is listed, the date must be specific and cannot be prior to doe date inserted in this block does not meet the applicable seffective date on the Department of State's records.	late of filing or more than 90 days after (filing.) Pursuant to 605.0207
e record sp ed is tiled.	ecifies a delayed effective date, but not an effective time.	, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
_	Toh 12 2001	4	
Dated	100 ja , 000;	I .	
Dated	DS Car Madrid Signature of a member or authorize		