P14000046680

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SECRETARY OF STATE
STORE OF CORPORATIONS

14 IN 19 PM 2: LE

C. LEWIS

JUL 7 2014

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: LAR & MTZ BER: P1400004668			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this mat	ter to the following:		
	FACUNDO MAR	TINEZ		
		Name of Contact Persor	1	
	LAR & MTZ STU	CCO INC		
		Firm/ Company		
	5028 PONCE DE LEON RD			
		Address		
	KISSIMMEE FL 3	34746		
		City/ State and Zip Code	2	
MA	STERTAXSERVI	CEINC@YAHO	O.COM	
		ed for future annual report		
	•	·		
For further information	n concerning this matter, pleas	e call:		
FACUNDO MARTINEZ au 407 300-9523				
		at (407	/	
Name (of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	rtment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



14 JUH 19 PM 2: 48

LAR & MTZ STUCCO INC

(Name of Corporation as	currently filed with the Flo	orida Dept. of State)		
P14000046680				
(Documer	nt Number of Corporation (if	known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation a	dopts the following	; amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
name must be distinguishable and con. "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corpor		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		5028 PONCE DE	E LEON RD	
		KISSIMMEE FL	. 34746	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5028 PONCE DE	E LEON RD	
· •		KISSIMMEE FL	34746	
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the nan	ne of the	
Name of New Registered Agent				
	5028 PONCE DE	E LEON RD		
	(Florida stree	,	•	
New Registered Office Address:	KISSIMMEE	Florida	34746	
	(City)		(Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist Sig	ered agent. I am familiar wi	th and accept the obligation	s of the position.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	FACUNDO MARTINEZ	5028 PONCE DE LEON R
Add			KISSIMMEE FL 34746
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:			
(Attach additional sheets, if necessary).	(Be specific)		
·			
, ,			
E. If an amandment provides for an arch	ange malacification on annuallation of insued about		
national for implementing the amount	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:		
(if not applicable, indicate N/A)	nument it not contained in the amendment itself:		
(ij noi applicable, maicale N/A)			
- 	, , , , , , , , , , , , , , , , , , ,		

	ion: 6/17/2014VISION OF CORPORATIONS	
The date of each amendment(s) adopti date this document was signed. Effective date if applicable:	6 \ 17 \ Z = 14 JUN 19 PM 2: 48	_, if other than the
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	by the shareholders through voting groups. The following statement is voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	he amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated	6/17/2014	
/ selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	-
<	Tacondo Hartinez (Typed or printed name of person signing)	_
	President	_
·— ·	(Title of person signing)	