P21000019033

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	//State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Bus	siness Entity Nam	e)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filling Officer:				
J DENNIS				
JUN 1 3 2023				

Office Use Only



800405347218

03/28/23--01920--007 **35.00

2023 MAR 28 AM 9: 47

SECRETARY OF STATE

COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: 1000000000000000000000000000000000000	Stucco 019033	INC.
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this matter	ter to the following:	
SUS SUS SUS E-mail address: (to be use	Name of Contact Person SHUCO Firm/ Company Address City/ State and Zip Code City/ State and Zip Code Code for future annual report	Inc. reet 32177 stems.com
For further information concerning this matter, please Sussingly Name of Contact Person	e call: at 380	is 385 3844 de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> Jol	ın Doe	
X Remove		ke Jones	
X Add		ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P_	Landon Mullis	809 Kirby St.
Add			Palatka FL 32177
Remove 2) Change	2	David Mullis	809 Kirlay St.
Add Remove Change	<u>vp</u>	Susan Mullis	FOR KIRDY St.
Add			
Remove 4) Change			
Add			
5) Change	<u></u>		
Add Remove			
6) Change			
Add			
Remove			

Attach <i>additio</i>	nal sheets, if necessa	rry). (Be specific)			
			-			
"						
· · · · · · · · · · · · · · · · · · ·	 					
						•
·			_		·	_
		,				_
						_
						
an amendm	ent provides for an	exchange, reclass	sification, or cand	cellation of issue	d shares,	
if not ap	or implementing the plicable, indicate N/	'A)	t comanica in th	<u>e amendment ns</u>		
				•		
•						
		· · · · · ·				
. <u></u>						
				<u>-</u>		

•

The date of each amendment(s) adoption	on: 3/2L	1123	if other than the
late this document was signed. Effective date if applicable:	124123	•	
	(no more than 9	0 days after amendment fi	le date)
Note: If the date inserted in this block of locument's effective date on the Departm		cable statutory filing requ	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted action was not required.	by the incorporators, or	board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie		e number of votes cast for	the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each			
"The number of votes cast for th	ne amendment(s) was/we	ere sufficient for approval	
by	(voting group)		
Dated 3/04/	23		•
Signature	an/Yul	ĺD	
selected, by	an incorporator – if in th	cer – if directors or officer he hands of a receiver, trus	
appointed fig	duciary by that fiduciary	r)	
<u> </u>	Isan (YI	UUS	
	(Typed or printed	name of person signing)	
	VF		

(Title of person signing)