

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.

(((H17000209815 3)))



HI 70002098153ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

3052201440

: (350)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN R Y J DRY WALL AN PAINT LLC

Certified Copy Page Count	0 04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

DIVISION OF CONTURNATIONS

→ SIMMONS

用日子000209815

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K I I DIGI WALLI AN PAINT LLC	÷	
Name of the Limited Liability Compa (A Florida Limited I	ny as it now sonegrs on our re liability Company)	corda,)
The Articles of Organization for this Limited Liability Company		
Florida document number L17000162774	; :	·
This amendment is submitted to amend the following:	. !	·
A. If amending name, enter the new name of the limited liabi	lity company bere:	
R&J DRYWALL & PAINT LLC	<u> </u>	
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "	ULC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2 3 1
(Principal office uddress MUST BE A STREET ADDRESS)		155
		12 PH C
		\$ T
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		(g. U
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	ice address on our reco	ords, enter the name of the new
New Registered Office Address:		
	Enter Florida street ad	ù ess
		Florida
	City	Zip Code
New Rayistered Agent's Signature, if changing Registered Agent;		
I hereby accept the appointment as registered agent and agree provisions of all standes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, ovided for in Chapter 60	and I am familiar with and 5. F.S. Or. if this document is
W Chang	ing Registered Agent, Signatu	re of Nave Registered Agent
2-2-10	<u> </u>	The William of the Letters

Page 1 of 3

3052201440

H17000209815

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCR = Manager AMBR = Authorized Member					
<u>Title</u>	Name	Address	Type of Action		
			□ Add		
		,	☐ Remove		
			□ Change		
					
			□ Add 8		
	•		Remove O Change		
			□ Change		
					
		:	□ Remove		
		· · · · · · · · · · · · · · · · · · ·	☐ Change		
			D Add		
			Remove		
	٠.		□ Change		
			□ Add		
		·	□ Remove		
			Сhange		

-				
				
				
				
·				
				7 G - 0
				Corolle : 18
			-	<u> </u>
			·	
				 .
				<u> </u>
		·		_
				·
ffective date, if other than the an effective date is listed, the date must be a first of the date inserted in this blockment's effective date on the Decement's	t be specific and carnot be prior to book does not meet the applicab	date of thing or more than	optional) 90 days after filing.) Pursuant ements, this date will not b	to 605.0207 (3)(e listed as the
record specifies a delayed The 90th day after the reco	effective date, but not ord is filed.	an effective time, a	it 12:01 a.m. on the ϵ	earlier of:
08/08/	2017			
uted "Total		. •		
ated	\mathcal{Q}			
ated	Signant of a member or authority	od representative of a mer	aber	_

Page 3 of 3

Filing Fee: \$25.00

H17000209815