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COVER LETTER

TO: Registration Section **Division of Corporations** AD FRAMING & DRYWALL LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: M. VIADERO Name of Person ACCOUNTING PROFESSIONALS GROUP INC Firm/Company 6143 S.ORANGE BLOSSOM TRAIL Address ORLANDO, FLORIDA 32809 City/State and Zip Code ACCTPROGRP@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: M. VIADERO Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: **■** \$60.00 Filing Fee, ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AD FRAMING & DRYWALL LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{MARCH\ 15,2021}{L21000122117}$.	and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
AD DRYWALL PROFESSIONALS LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	
• •	·
Principal office address MUST BE A STREET ADDRESS)	
	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	
3. If amending the registered agent and/or registered office address on our records, enter the nam	e of the new regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	
Name of New Registered Agent.	•
New Registered Office Address:	
Enter Florida street address	
. Florida	
Circ	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>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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ffective date, if other than the of an effective date is listed, the date must sote: If the date inserted in this bloocument's effective date on the Department.	be specific and cannot be p ck does not meet the app	rior to date of filing or plicable statutory fil	(optimore than 90 days after ing requirements, thi	filing.) Pursuant to 605.	0207 - d as i
record specifies a delayed effective Lis filed.	date, but not an effectiv	re time, at 12:01 a.m	on the earlier of: (b) The 90th day after	the
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	ignature of a member or a	uthorized representativ	ve of a member		
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