LIHOUDAAHIO

(Requ	uestor's Name)	
(Addı	ress)	
(Addı	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nan	ne)
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(Doct	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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2015 DEC THE PURSON
SECRETARY OF STATE
AHASSEE: FLORIDY

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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Rob	y Wiggins Dr. Name of Lim	الجما <u>)</u> ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Bobby u	Uige in S Name of Person		
	_Bobby Wissi	NS Drywall LLC Firm/Company	·	
	4798 Breez	Address	<u> </u>	
	face Fl	3257/ City/State and Zip Code		
	E-mail address: (CUSTOM homes . Com to be used for future annual report no	tification) TEC 23	-77
For further information con	ncerning this matter, please ca	all:	DEC 1 RETAR AHASS	
Robby Wissing	Person	at (<u>\$50</u>) 712 Area Code Daytir	2-9586 P P P P P P P P P P P P P P P P P P P	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

will LLC
rida Limited Liability Company)
, 1
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: :
The Articles of Organization for this 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
.imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
DRESS)
gistered office address on our records center the name of the n
Enter Florida street address
Liner 1 wind sireer address
, Florida

New Registered Agent's Signature, if changing Registered Agent:

2 11

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 Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBIL	Devore, Douglas E	5317 Santa Gertrudgus	
		MITON FL 32583	Remove
			Change
AMBR	Holmes, William Jefrey	7499 John Matthews Rd	Add 🏂
		M: 170n FL 32583	Remove
			Change
			□ Remove
			Change
		T SE	
		SECKE TARY O	Add Rembye Change
		FLORIDA	Change
			☐ Remove
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Efforti		
(If an effe <u>Note:</u>	ective date, if other than the date of filing:	nt to 605.0207
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlier of
Dated _	12/10/2015, 2015	
	12/10/2015, 2015. Robby Wagaying Signature of a member or authorized representative of a member	
	Bobby (e) inc. inc. Typed or privited name of signee	

Page 3 of 3

Filing Fee: \$25.00