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(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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COVER LETTER

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	gistration Sect ision of Corp			
SUBJECT:	C & JDRYV	VALL ELC		
SCDJECI;		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are subi	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		NELLE NEMECEK		
			Name of Person	
		EKAHLINC		
			Firm/Company	
		1435 CO HWY N		
		1 27 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Address	
		SANTA ROSA BEACH, F	H. 32459	
			City/State and Zip Code	
		EKAHITAX@GMAIL.CO		
		·	o be used for future annual repo	rt notification)
For further in	nformation cor	cerning this matter, please ca	di:	
	Nelle	Nunecek	at (& SD)	5355000
	Name of I	erson	Area Code L	Daytime Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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

C & J DRYWALL LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number		and assigned
This amendment is submitted to amend the following	ing;	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicabl (Principal office address MUST BE A STREET A	e:	e abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	15 AUG + 18
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		or the name of the new
New Registered Office Address:	Enter Florida street address	
-	, Florida	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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DANIEL GERARD	1761 HWY 79 BONIFAY, FL	■ Add
		32425	P7 0
			☐ Change
			D Add
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			15 ABO - S. PH 12 12
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ective date, if other than the date of filing:	(optional)	
neffective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory		
cument's effective date on the Department of State's records.	g rodan en	
record specifies a delayed effective date, but not an effecti	ive time, at 12:01 a.m. on the earli	er o
he 90th day after the record is filed.		
, AUGUST 3 2015		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00