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SLOCKAPY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR
MAR 2 4 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Gene			
•	(((a)))	ited Liability Company)	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Gene Salisbury		
		(Name of Person)	100 7
	Gene S.Salisbury	Drywall,LLC	第2
		(Firm/Company)	OSMAR 20 AM 8: 15 TALLANASSEE, FLORID
	804 24th Ave New Smyr	na Beach	The second
		(Address)	652 5
	New Smyrna Beach 321	69	(Fr.
		(City/State and Zip Code)	
For further information	concerning this matter, please of	ali:	
Gene Salisbury		at (_407) 484 5546	
(Name of Person)		(Area Code & Daytime Telephone Number)	
Enclosed is a check for	the following amount:		
□ \$25.00 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

Gene S.Salisbury 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 September 01,2005 Florida document number LO5000086726 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: G&S Wallcovering "LLC" The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: Gene Salisbury 804 24th Ave (Principal office address MUST BE A STREET ADDRESS) New Smyrna Beach 32169 Gene Salisbury Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) P.O.Box 1506 Edgewater Florida 32132 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address)

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Wember being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> Name **Address** Type of Action Kim Lissa Simms Remove Add 🗂 Remove Add Remove ☐ Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Kim Lissa Simms Dated 3 17-09 Signature of a member or authorised representative of a member Gene Salisbury Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00