

LD0000092777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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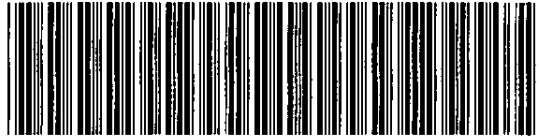
Special Instructions to Filing Officer:

**L. SELLERS**

JAN 26 2009

**EXAMINER**

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01/23/09--01026--020 \*\*25.00

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09 JAN 23 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PROFESSIONAL DRYWALL LLC  
(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:

IRINEO CASTRO  
(Name of Person)  
PROFESSIONAL DRYWALL LLC  
(Firm/Company)  
9484 BOGGY CREEK RD  
(Address)  
ORLANDO FL 32824  
(City/State and Zip Code)

For further information concerning this matter, please call:

IRINEO CASTRO at (321) 303 7138  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

PROFESSIONAL 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 9/21/2006 and assigned Florida document number LC06000092777

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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:

IRINEO CASTRO

New Registered Office Address:

1311 MAVERICK DRIVE

(Enter Florida street address)

APOPKA

(City)

Florida

32703

(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 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.*

(X) IRINEO CASTRO  
(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 Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u>    | <u>Address</u>                     | <u>Type of Action</u>  |
|--------------|----------------|------------------------------------|--|
| mgrm         | MICHAEL BRANCO | 14 BIT COURT<br>KISSIMMEE FL 34743 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                |                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 1/19, 2009.

(X) Irineo Castro  
Signature of a member or authorized representative of a member

IRINEO CASTRO  
Typed or printed name of signee

FILED  
09 JAN 23 AM 8:16  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA