## L0700008311

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## **COVER LETTER**

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Tallahassee, FL 32314

TO: Registration Division of C			
	Y DRYWALL STOCKERS LLC	;	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	GONZALO ZALDIVAR		
		Name of Person	
		Firm/Company	
	22590 SW 252 STREET		100 H
		Address	
	MIAMI_FL 33170		
	ZAALDIBARGZ72@GMA	City/State and Zip Code AL.COM to be used for future annual report not	Testion)
For further information	n concerning this matter, please co		meanon) 11
		786 853-9342	
Nam	e of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r 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 Add		Street Address: Registration Se	ection
Registratio	n Section f Corporations	Division of Co	
P.O. Box 6		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liabili	ty Company as it now appears on our records. a Limited Liability Company)	)
(A Florida	a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 01/23/2007	and assigned
Florida document number 1.0700008311	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
	and the second s	
The new name must be distinguishable and contain the words "Lim	nited Enability Company. The designation "LLC	or the appreviation Fig. C.
Enter new principal offices address, if applicable:	<u></u>	<u> </u>
(Principal office address MUST BE A STREET ADDI	RESS)	5 1
		( -1)
		M. F
Enter new mailing address, if applicable:		7 - 5
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	City	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>	Name	<u>Address</u>	Type of Action
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Effective date, if other if an effective date is listed Note: If the date insert document's effective date	, the date must be ed in this block	ite of filing: specific and co does not me	mnot be prior t et the applica	o date of filing thle statutory	or more than 90 d	_ (optiona ays after filin ents, this dat	g.) Pursuan	US 1 to 605.020
e record specifies a dela rd is filed.	wed effective d	ate, but not a	i effective tit	ne, at 12:01 a	.m. on the earli	er of: (b)	The 90th d	ay after the
Dated	3 23	·						
	<u> </u>	mature of a me	Val—	nized represent	ative of a membe	r	<del>.</del>	

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