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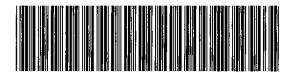
(Requestor's Name)			
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EXAMINER



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04/25/08--01021--011 **25.00

08 APR 25 PM 3: 20

SECRETARY OF STATE CORPORATION

COVER LETTER

	ration Section n of Corporations					
SUBJECT:	CORA ORYWALL, LLC.					
(Name of Limited Liability Company)						
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.					
Please return all	correspondence concerning this matter to the following:					
	GUSTAVO LARA (Name of Person)					
	(Name of Person)					
	C/O FLORIDA INSURANCE CONSULTING, INC. (Firm/Company)					
	(Firm/Company)					
	113 E MAIN ST. STE. 5					
	113 E MAIN ST. STE. ST. (Address)					
	EARTOW, FL. 33830 (City/State and Zip Code)					
	(City/State and Zip Code)					
For further infor	mation concerning this matter, please call:					
Oz i	A content of Person) at (863) 670 - 1780 (Area Code & Daytime Telephone Number)					
Enclosed is a che	eck for the following amount:					
\$25.00 Filing	Fee \$\ \bigsquare\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					

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

SECRETARY OF STATE DIVISION OF CORPORATION

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

08 APR 25 PM 3: 20

CORA	DRYWALL, LLC.	
(Name of the Limited (A	Liability Company as it now appears Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Lia	ability Company were filed on $\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	- 21- 2007 and assigned
Florida document number 4070000 96		
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of		
GUSTAVO LAR. The new name must be distinguishable and end with	ea, LLC	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	," the designation "LLC" or the abbreviation
B. If amending the registered agent and/o	r registered office address on ou	r records, enter the name of the new
registered agent and/or the new registered off	<u>fice address here</u> :	
	gen a com	
Name of New Registered Agent:	SAME	
New Registered Office Address:		
-	(Enter Florida street address)	
		, Florida
	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing R	egistered Agent:	
I hereby accept the appointment as registerea the provisions of all statutes relative to the pr		
accept the obligations of my position as regis being filed to merely reflect a change in the re company has been notified in writing of this c	tered agent as provided for in Cha egistered office address, I hereby c	pter 608, F.S. Or, if this document is
	Ü	
	(If Changing Registered Agent	t, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
<u>MGRM</u>	GUSTAVO LARA	15034 HARDEE AVE DADE CITY, FL 33523	Add Remove
MGR	ARMANDO LOSA	15034 HARDEE AVE DADE CITY, FL. 33523	Add Remove
MGR	MARTIN SILVESTAE	15034 HMDEE AVE DADE CITY, FL 33523	Add Kemove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
_			_
Dated	4-16-2008 20	008.	
		or authorized representative of a member LARA - or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00