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JUL 19 2010

EXAMINER



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## **COVER LETTER**

TO: Registration Se Division of Cor	ction porations		
SUBJECT: SF DRYWA	LL LLC	,	
•		ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	NICHOLAS FANELLA		
		Name of Person	. •
	PROFESSIONAL OFFICE S		<del></del>
		Firm/Company	
	434 TANGLEWOOD DR	,	
		Address	
1	FORT WALTON BEACH FL		
		City/State and Zip Code	
	NFANELLA@COX.NET E-mail address: (to	o be used for future annual report notification	on)
For further information co	oncerning this matter, please ca	all:	
NIOUGIAG FANELLA			
NICHOLAS FANELLA Name of	Person	at (850 ) 862-7131  Area Code & Daytime Tel	ephone Number
Enclosed is a check for th	e following amount:		Ì
X \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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
Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records. Liability Company)	<del>)</del>
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number		
This amendment is submitted to amend the following:	· ·	
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:	304 REEVE STREET LOT C1	
(Principal office address MUST BE A STREET ADDRESS)	NICEVILLE FL 32578	70 10
Enter new mailing address, if applicable:	304 REEVE STREET LOT C1	5 T
(Mailing address MAY BE A POST OFFICE BOX)	NICEVILLE FL 32578	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	Mce address on our records, ent	er the name of the new
Name of New Registered Agent:		<del> </del>
New Registered Office Address:		*· • • • • • • • • • • • • • • • • • • •
	Enter Florida street	address
	, Florida	
•	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 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 Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> Address Type of Action MEMBER ADAN D. ORTIZ 304 REEVE STREET LOT C 1 X Add NICEVILLE FL 325478 Remove ☐ Add Remove ☐ Remove Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated JULY 10 Signature of a member or authorized representative of a member SERAFIN HERNANDEZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00