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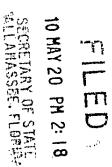
| (Requestor's Name) | | | | |
|---|-------------------|----------|--|--|
| (Address) | | | | |
| (Addro | ess) | | | |
| (City/S | State/Zip/Phone # |) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Busin | ness Entity Name) |) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of | f Status | | |
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05/20/10--01009--006 **25.00



J. BRYAN

MAY 21 2010

EXAMINER

COVER LETTER

| TO: | Registration S Division of Co | | · | | | |
|----------|----------------------------------|--|---|-----------------|--|-----|
| SUBJE | ECT: | XPERT (| DRYWALL, LLC | | | |
| | <u> </u> | Name of Limi | ted Liability Company | | | |
| The end | closed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please | return all correspo | ondence concerning this matter | to the following: | | | |
| | | JAC | KIE ROJAS-QUINONES | | | |
| | | | Name of Person | | | |
| | | ACCO | UNTING & BEYOND, LLC | 2 | 产品 古 | |
| | | | Firm/Company | | MAY 20 PH 2: CRETARY OF ST AHASSEE. FLO | 1 |
| | | 5225 | EHRLICH RD., SUITE F | | 20 ASSE | LED |
| | | | Address | | 两日 足 | 111 |
| | | | TAMPA, FL 33624 | | «Ter- | |
| | | , | City/State and Zip Code • | | - 5 A | |
| | | | NGANDBEYOND@GMAIL to be used for future annual report not | | | |
| For furt | her information c | concerning this matter, please c | ali: | | | |
| | JACKIE F | ROJAS-QUINONES | at (_813) | 998-9800 | | |
| | Name o | of Person | Area Code & Daytin | ne Telephone Nu | mber | |
| Enclose | ed is a check for t | he following amount: | | | | |
| \$25 | .00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclose | Certi | Filing Fee, ificate of Status ified Copy itional copy is e | |

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 |
| |
| |

| ARTICLES OF A | AMENDMENT O RGANIZATION F WALL, LLC IV as it now appears on our records.) |
|---|---|
| TO | 2000年100日 |
| ARTICLES OF O | RGANIZATION |
| . O | |
| XPERT DRY | WALL LLC |
| (Name of the Limited Liability Compar (A Florida Limited L | iv as it now appears on our records.) iability Company) |
| The Articles of Organization for this Limited Liability Company | were filed on03/03/10 and assigned |
| Florida document number L10000024254 | · |
| | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| , | |
| The new name must be distinguishable and end with the words "Limi "L.L.C." | ted Liability Company," the designation "LLC" or the abbreviation |
| 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 of registered agent and/or the new registered office address here | |
| | • |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| المراجع والمنطقة | , Florida |
| | Lithi Zin Coda |

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

| <u>Title</u> | Name | Address | Type of Action |
|--------------|--|--|----------------|
| MGRM | Alexis Cruz Gomez Megia | 519 122ND AVE. TAMPA, FL 33612 | ✓ Add ☐ Remove |
| MGR · | SERGIO DAVID SALGADO | 519 122ND AVE. TAMPA, FL 33612 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amend | ling any other information, enter change | e(s) here: (Attach additional sheets, if nec | essary.) |
| | | | FILE I |
| | | | |
| Dated | MAY 17 , 20° | | |
| - | | bid Solgado or authorized representative of a member | |
| - | - | D DAVID SALGADO | |
| | | or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00