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J. SAULSBERRY EXAMINER

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COVER LETTER

| TO: Registration Division of C | | | | • | |
|--------------------------------|---|---|--------------------------------|---|-------|
| SUBJECT: | NS, LLC | | | | |
| | | ted Liability Company | <u></u> | • | |
| | | | | | |
| The enclosed Articles | of Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all corres | pondence concerning this matter | to the following: | | | |
| | | DAVID REBER | | | |
| | | Name of Person | | | |
| | DISTINCTIV | E DRYWALL SOLUT | IONS, LLC | | |
| | | Firm/Company | | _ | |
| | | PO BOX 540357 | | | |
| | | Address | | •••• | |
| | C | ORLANDO, FL 32854 | | W | |
| | | City/State and Zip Code | | | |
| | | hgreer@cfl.rr.com to be used for future annual rep | | 2010 SEP 20 EGET 14RY | 7 |
| | | | ort notification) | 20 388 886 | |
| For further information | o concerning this matter, please c | call: | | PH I: Of STAT | ודו |
| | Holly Greer | at (_407_) | 947-0951 | 7.41 ORMA | |
| Name | e of Person | Area Code & | Daytime Telephone Numb | per= ~ | |
| Enclosed is a check for | r the following amount: | | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is e | Certific enclosed) Certific | Filing Fee, cate of Status & ed Copy onal copy is encl | osed) |
| Regi Divi P.O. | ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314 | Registration Division of Clifton Bui | Corporations | | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

DISTINCTIVE DRYWALL SOLUTIONS, 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 Compan | y were filed on _ | AUGUST 12, 20 | 10 and ass | signed | |
|---|------------------------------|-----------------------------|--------------------------------|--------------|--|
| Florida document numberL10000084478 | | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited lia | bility company | <u>here</u> : | | | |
| The new name must be distinguishable and end with the words "Lir" L.L.C." | nited Liability Cor | mpany," the designation | "LLC" or the | abbreviation | |
| Enter new principal offices address, if applicable: | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | | |
| | | | F/A 20 | | |
| | | | AHA AHA | TI | |
| Enter new mailing address, if applicable: | | | P 20 | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | 1771 | |
| | | | | 5 | |
| | | į | <u>ညည်း မ</u> သက္က ယ | | |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he | | n our records, <u>enter</u> | the name | of the nev | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| | Enter Florida street address | | | | |
| | | , Florida _ | orida | | |
| | City | | Zip Cod | e | |
| New Registered Agent's Signature, if changing Registered Agen | <u>t;</u> | | | | |

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 **Type of Action Title** <u>Name</u> **Address** DAVID A. REBER MGRM¹ 216 WESTMORELAND CIRCLE ✓ Add Remove KISSIMMEE, FL 34744 ☐ Add ☐ Remove Remove \prod Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Dated_ Signature of a member or authorized representative of a member DONALD S. GREER

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee