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SECRETARY OF STATE
TALLAHASSEE, FLORID.

COVER LETTER

TO:	Registration Sectorial Division of Corp		Y•-	··
 SUBJI	CT: <u>JR GONZA</u>	EZ DRYWALL AND CLE Name of Limit	ANING SERVICE LLC ted Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		NR FANELLA		<u>. </u>
		-	Name of Person	
		PROFESSIONAL OFFIC	E SERVICES	
			Firm/Company	
		434 TANGLEWOOD DR	IVE	
			Address	
		FT. WALTON BEACH FI	L 32547	
			City/State and Zip Code	
		NFANELLA@COX.NET	o be used for future annual report notificat	ion)
For fur	ther information co	ncerning this matter, please c	·	,
NICK	FANELLA		at (850) 862-7131	
	Name of 1	Person	Area Code & Daytime To	elephone Number
Enclose	ed is a check for the	following amount:		
⊠ \$25	.00 Filing Fee	S30.00 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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JR GONZALEZ DRYWALL & CLEANING SERVICE 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 Company were filed on FEBRUARY 23, 2011 and assigned Florida document number L11000023279 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARIO CAMPOS	19 CHESTNUT AVE APT 50 FT. WALTON BEACH FL 32548	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information,	enter change(s) here: (Attach additional sheets, if no	ecessary.)
_			
<u>-</u>			
Dated <u>DEC</u>	CEMBER 14TH	<u>2011</u> .	
	Signatur PEDRO GONZALEZ CAMI	e of a member or authorized representative of a member	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00