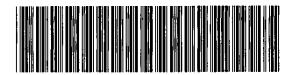
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DEPARTMENT OF STATE

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COVER LETTER

TO: Registration Sec Division of Corp			144		
SUBJECT: Carlo	Name of Limit	ed Liability Company	adsden	LIC.	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.			
Please return all correspon	dence concerning this matter to	o the following:			
·	Carlos Al	as gutic	ryel	· · ·	
	Carlos Has	Drywall Firm/Company	०१ ।	<u>fadsdm</u>	LLC.
	578 Friday	Y d			
	Quincy F Carlo drywall E-mail address: (1	•		vion)	
For further information co	neerning this matter, please ca			,	
Carlos Al	<u>o)</u> Person	at (&S O)	251-0 Daytime T	elephone Number	
Enclosed is a check for the	e following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e		□ \$60.00 Filing Certificate of Certified Cop (additional copy	`Status & oy

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

Carlos Ales Drywall	Of Gadiden Ll	<u>~C</u> ·	
(<u>Name of the Limited Llability Compa</u> (A Florida Limited L			
The Articles of Organization for this Limited Liability Company	17-06-201	'/	
The Articles of Organization for this Limited Liability Company	were filed on U1 00 1	and assigned	
Florida document number <u>410000 77671</u>			
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 contain the words "Limited Liabil	offing LLC	e abbreviation "L.L.C."	-
	my company, and assignation 220 or an	7× 16	
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADDRESS)		Eiff 20	
	·	\$ 28 8 28	
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		F SI	_
Enter new mailing address, if applicable:		<u></u>	••
(Muiling address MAY BE A POST OFFICE BOX)		≥ _{U1} e.	
			_
		•	
B. If amording the engistered agent and/or registered of		er the name of the	new
registered agent and/or re new registered office address here	<u>e</u> :		
Name of New Facistered Agent:			-
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title <u>Name</u> <u>Address</u> Type of Action _□ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add Remove ☐ Change □ Add □ Remove

_□ Change

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