# 111000078306

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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TALLAHASSEE, FLORIDA



### **COVER LETTER**

TO: Registration S Division of Co			
	YWALL SERVICES L.L.C	•	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ramon Rivera		
		Name of Person	
	IPS Services, Inc.		
		Firm/Company	
	339 6th Ave West		
		Address	
	Bradenton, FL 34205		
		City/State and Zip Code	<del></del>
	info@go-ips.com		<b>₹</b> , ≥
	E-mail address: (	to be used for future annual report notific	. ലിഷ്
For further information	concerning this matter, please c	all:	N N N N N N N N N N N N N N N N N N N
Ramon Rivera		941 747-4940 at ( )	ASSET C
Name Enclosed is a check for t	of Person  he following amount:		Telephone Number S
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 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 Taliahassee, FL 32301

# TO ARTICLES OF ORGANIZATION OF

J & C DRYWALL SERVICES L.L.				
(Name of the Limite	d Liability Compa A Florida Limited I	nny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Lia		were filed on and assigned		
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
J & C DRYWALL SERVICES, LLC				
The new name must be distinguishable and contain the wo	ords "Limited Liabil	lity 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)		4835 SW 57th Terrace S		
		Davie, FL 33314		
Enter new mailing address, if applicable:		4835 SW 57th Terrace S		
Mailing address MAY BE A POST OFFICE BOX)		Davie, FL 33314		
B. If amending the registered agent and/o registered agent and/or the new registered offi		CARAGE TO THE PARTY OF THE PART		
New Registered Office Address:	4835 SW 57th	Terrace S		

#### 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.

City

Davie

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MGR Espinoza, Carlos A	4835 SW 57th Terrace S	
		Davie, FL 33314	Remove
			Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
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08-25-2016		& E
Effective date, if other than the date of filing:	(optional)	himmiont to EDS 030
Effective date, if other than the date of filing:  [If an effective date is listed, the date must be specific and cannot be prior to date of filing or mor Note: If the date inserted in this block does not meet the applicable statutory filing a document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time.	(optional) e than 90 days after filing.) Prequirements, this date wi	⇔ Pursuant to 605 ill not be liste
The 90th day after the record is filed.	,	
Dated August 25 2016		
Signature of a member or authorized representative of	a member	
V Jose M Guzman		
Typed or printed name of signee		<del></del>

Page 3 of 3

Filing Fee: \$25.00