LIIOO 102724

(Re	questor's Name)	 -
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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DIS JAN 17 ANTI:

COVER LETTER

TO: Registration Sect Division of Corp		•	
SUBJECT:	Kips Do	ywall LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Kip Kurt	Name of Person	
		Name of Person	
		Firm/Company	
	369 Gardn.	er dr N.E	
	Sailors Contrac E-mail address: (1	City/State and Zip Code ting O Gmail Control to be used for future annual report notific	cation)
For further information cor	neerning this matter, please ca		
Ky Keelin Name of l	Person	at (450) 217-3 Area Code Daytime	448 Telephone Number
Enclosed is a check for the	following amount:		
□ \$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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

Kips Drywall	L.L.C	2019 JAN 17 AM II: 08
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears or Jiability Company)	OUTTECOTOS.) TALLAHASSEE TATE
The Articles of Organization for this Limited Liability Company	were filed on 09	-03-2011 and assigned
Florida document number 4 53308858		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	Sailors Contracting LL.
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	369 Gardne	C DONE.
Principal office address MUST BE A STREET ADDRESS)	FT. Walton B	once FL - 30548
Enter new mailing address, if applicable:	369 Garán	: DY N.E +a. h. FL, 32548
Mailing address MAY BE A POST OFFICE BOX)	FT. Walton B	rack FL, 32548
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r records, enter the name of the new
Name of New Registered Agent:	-	
New Registered Office Address:	Enter Florida	street address
		. Florida
	Ciry	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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			☐ Remove
			Change
			Remove
			☐ Change
			☐ Remove
			Change
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Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	01-15-2019 Signature of a member or authorized representative of a member
	signature of a member of aumorized representative of a member

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Filing Fee: \$25.00