L12000068432

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	- * *	COVER LETTER			
TO:	Registration Section Division of Corporations		••	۰. ۲	
' SUBJŀ	Ū.S. Walls, LLC				
		Name of Limited Liability Company	, <u></u>		
The en	closed Articles of Amendment and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning	this matter to the following:			
	Jane K Bender				

Name of Person

U.S. Walls, LLC Firm/Company 3052 Mercy Drive Address Orlando, FL 32808 City/State and Zip Code janc@uswalls.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 407 578-2210 at (_ Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

Jane Bender

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 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 Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 CCT 10 110:05

U.S. Walls, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	p <u>any as it now appears on our records.</u>) [Liability Company]	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L12000068432</u> .	y were filed on <u>May 22, 2012</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" o	r 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: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	<u>e name of the new register</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	Cuy	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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager • AMBR = Authorized Member

. :

Title	<u>Name</u>	Address	Type of Action
MGR	Larry Llewellyn	3052 Mercy Drive	🗐 Add
		Orlando, FL 32808	
			□Change
AMBR	John Bender	3052 Mercy Drive	🗋 Add
		Orlando, FL 32808	
			Change
			🗆 🖂 Add
			C'hange
			□Add
			□ □Change
	<u> </u>		DAdJ
			□Change
			🗆 Add
			🗆 Remove
			□Change

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Page	2	of	3
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

• This adds Larry Llewellyn as a manager and changes John Bender from a manager to an authorized member.

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated		10/6 2023
		MARK & MERS
		Signature of a member or authorized representative of a member
	Jane K Bender	

Typed or printed name of signee

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Filing Fee: \$25.00