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B. BOSTICK

NOV - 8 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

IECT. ABOVE ALL DRYWALL, INC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

		-		
	GARY DUKE			
		Name of Person		
		Firm/Company		
	6020 SE CA	MPBELL RD		
	-	Address		
	BELLEVIEW	, FL 34421		
		City/State and Zip Code		
	-		121 SEU ALL	
		o be used for future annual report notification	2-NOV -7 ECRE AR LLAHASS	
For further information c	oncerning this matter, please ca	all:	ASS	
GARY DU	(F	• • • •	ш-:	1 [7]
	of Person	at () Area Code & Daytime Tele	enhone Number	
Name		, not code to bajanto rote	sphone Number CORIDA 5: 27	
Enclosed is a check for the	he 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 enclose	ed)
		· - ·		
•	•			
MAIL	ING ADDRESS:	STREET/COURIER A	ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L.) (A F		y as it now appears	on our records.)				
(A F	lorida Limited L	iability Company)	·				
The Articles of Organization for this Limited Liab	oility Company	were filed on 05/2	23/2012	and assig	gned		
Florida document number L12000069748							
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of t	<u>he limited liabi</u>	ility company here	;				
	1	-111-1111- ()	99 41 - 1 - 4 - 661	I (CN de de	1		
The new name must be distinguishable and end with t "L.L.C."	ine words "Limii	ted Liability Compar	iy," the designation "	LLC" or the ab	breviation		
Enter new principal offices address, if applicab	ole:	6020 SE CAN	IPBELL RD	- 			
(Principal office address MUST BE A STREET	ADDRESS) - `	BELLEVIEW,	FL 34421	2 X			
	· · ·	· · · · · · · · · · · · · · · · · · ·		AH OV	η		
	`,			-7	-		
Enter new mailing address, if applicable:		6020 SE CAN	IPBELL RD	က်မှ 🗝			
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	BELLEVIEW,	FL 34421	<u> </u>			
	` •			REAL C	1		
	11 ×	•		>			
B. If amending the registered agent and/or registered agent and/or the new registered office			ur records, enter	the name of	the new		
Name of New Registered Agent:	GARY DUK	(E					
New Registered Office Address:	6020 SE CA	AMPBELL RD					
		Ente	er Florida street add	dress			
	BELLEVIEV	v	, Florida <u>3</u>	4421			
		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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address Type of Action
MGRM	STEVEN C MORRIS	15709 SE 115TH PLACE RD Add
		OCKLAWAHA, FL 32179 Remove
MGR	KRYSTA L STRUBLE	15709 SE 115TH PLACE RD
		OCKLAWAHA, FL 32179 Remove
		· : : Add
		Remove
	· .	
		Remove AH
		HASSEE AND
		ORIE Remove
		Add
		Remove
		••

nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1/05/2012
They notela
Signature of a member or authorized representative of a member
Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00

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