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(Re	iquestor's Name)	
(Ád	dress)	
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(Cit	y/State/Zip/Phone	e#)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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B. BOSTICK

FEB 1 1 2013

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: John W Roberts Drywall LLC 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:
John W Roberts Sohn W Roberts Dry Wall LLC Firm/Company
7111 Cahumet CT
Pensacola Florida 32504 City/State and Zip Code Western Roberts 78 @ Yahoo. Com E-mill (ddress: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
John W. Roberts at 850 530 0471 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:

□\$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

□\$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 OF

Name of the Limited Liability Company as it is (A Florida Limited Liability Company)	TS Dry What! LL
The Articles of Organization for this Limited Liability Company were fill Florida document number <u>L12000075235</u> .	ed on $6/5//2$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and end with the words "Limited Liabi "L.L.C."	lity Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	F
Minning Radices MATE BEAT OF THEE BOA	00 2 00 A
B. If amending the registered agent and/or registered office address here:	ress on our records, enter the name of the new
Name of New Registered Agent:	3 WAH C. RA'ILE
New Registered Office Address: 7/1/	lumet
	Enter Florida street address
PENSALOU 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

Page 1 of 3

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 Title Name <u>Address</u> Type of Action Watt. C Bailey 7/1 Calumet CT XIAdd Remove Remove Add Remove Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	I am ading Wyatt enristapher Bailey
	to My Company as 10% Dwner and Manager of John W. Roberts Pry Wholl LLC
	of John W. Roberts Pry Whill LLC
Dated _	<u>//3///3</u>
	Joha Miles
	Signature of a member or authorized representative of a member
	John W. Roberts Typed or printed name of signee
	Page 3 of 3
	Filing Foo: \$25 AA

FILED

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SECHLIARY OF BIAGE, FLORIDA