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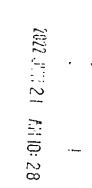
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Special Instructions to Filing Officer:
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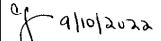
Office Use Only



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COVER LETTER

70: Registration S Division of Co		,	
B P DRYV	WALL, LLC		
		nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Bobby B Powell		
		Name of Person	
	B P DRYWALL, LLC		
		Firm/Company	
	5177 HEMLOCK STREE	Т	
		Address	
	MACCLENNY, FL 32063		
		City/State and Zip Code	
	POWELL_1869@YAHOO		= -
For further information		to be used for future annual report notif	fication)
rol further information c	concerning this matter, please co	ail:	
Bobby B Powell		904 259-8955 at ()	
Name of Person		· · · · · · · · · · · · · · · · · · ·	Telephone Number
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 enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahaccaa El 20214

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B P DRYWALL LLC	2022 JUN 21 AM 10: 28
(Name of the Limited Liability Company as it now appears on our i (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Company were filed on 7/9/2012 Florida document number L12000089166	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability 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)	
	·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, gagent and/or the new registered office address here:	enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street o	address

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

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Member	Bobby B Powell	5177 HEMLOCK STREET	
		MACCLENNY, FL 32063	□Remove
			□Change
			□ Add
			□Remove
			□ Change
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ective date, if other than effective date is listed, the dat te: If the date inserted in the cument's effective date on t	e must be specific and is block does not m	cannot be prior to neet the applicab	o date of filing of the statutory f	or more than 90 filing requirem	(optional) days after filing tents, this date	z.) Pursuant to 60:	5.0207 ted as
cord specifies a delayed eff s filed.	ective date, but not	an effective tim	ne, at 12:01 a.	m. on the earl	ier of: (b) Tl	he 90th day afte	er the
ed	,	2022	_ •				
B	solly Pow	nember or author	ived conceents	tive of a mambe	Sp.		
	S.S. Durc or a 11	nemoer of author	med representa	arve or a memor	-1		