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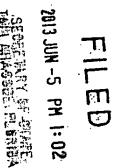
(Requestor's Name)					
(Ad	dress)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificate:	s of Status			
Special Instructions to Filing Officer:					
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JUN - 6 2013

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: Jus 1.	n Macks D	rywall LLC d Liability Company	
	Name of Limite	a Liability Company	
			74 5 T
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	3 7
			是 2
	Justin M	MACKS Name of Person	N-5 PHION
	Justin MA	CKS Drywall (L	<u>C</u>
	3751 East.	Olive Road H	6
	Pensacola,	Fl 32514 City/State and Zip Code	
	5 macks 1108 (E-mail address: (to	be used for future annual report notification	on)
For further information con-	cerning this matter, please cal	II:	
Justin Marne of P	1_KS erson	at (<u>850)</u> <u>376 – 76</u> Area Code & Daytime Tel	ephone 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 OF

Name of the Limited Li (A F)	ability Company as it now appears on our records.) orida Limited Liability Company)				
	ility Company were filed on 4/14/2013	and assigned			
Florida document number <u>L1300054</u>	613.	2			
This amendment is submitted to amend the follow	ing:	THE STATE OF THE S			
A. If amending name, enter the new name of the	<u>ie limited liability company here</u> :				
		是			
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," the designation '	'LLC" or the abbreviation			
Enter new principal offices address, if applicab	le:				
(Principal office address MUST BE A STREET)	ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC)	DX)				
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, <u>enter</u> <u>e address here</u> :	the name of the new			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street aa	ldress			
	. Florida				
-	City	Zip Code			
New Registered Agent's Signature, if changing Reg	distered Agent:				

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.

company has been notified in writing of this change.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Joseph Macks	3751 E Olive Road #5	Add
			Remove
			Add F P P P P P P P P P P P P P P P P P P
			Add Remove
·			Add
			Add Remove
			Add Remove

D. 1	If am	ending :	any other	information,	enter chang	ge(s) here:	(Attach add	itional sheets	s, if necessary	.)
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										<u>.</u>
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Date	ed			$ \Omega$	1.11					
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					e of a membe					
				<i>V</i> J	stin 1	or printed i	name of signe	e		

Page 3 of 3

Filing Fee: \$25.00

