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K. SALY EXAMINER NOV 1 9 2013

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: James L. Hall Drywall & Handyman Solutions L.L.C. 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:
James L. Hall Name of Person
James L. Hall Drywall + Handyman Solutions L.L.C. Firm/Company
3855 W. Hwy. 316 Address
Reddick F1. 32686 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tames L. Hall Name of Person at (352) 6/5-1/0 & Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

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ETTAHASSEE	FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5-7-2013 and assigned Florida document number 413000066882

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

James L.	Hall	Drywa	11+	Handunas	Solations	L.L.C.	
The new name must	he distingu	ishable and er	d with t	he words "Limited	Liability Company "	the designation "LLC	" or the abbreviation

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

"L.L.C."		• • •	
Enter new principal offices address, if applicable	e:	Same	Address
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:	_	Sque A	ddress
(Mailing address MAY BE A POST OFFICE BO)	<u>x</u>	······································	
			
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our re	ecords, enter the name of the new
registered agent and/of the new registered office	Jaudiess Here.		
Name of New Registered Agent:	None		
New Registered Office Address:	Nove	Post on Fil	orida street address
		Enter Fi	oriaa sireei aaaress
_			, Florida
	\boldsymbol{C}	'ity	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.

Mo Change
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Add
)		Remove
			Add
			Remove
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			Add
			Remove
			····

If amending any other information, enter change(s) here: (Atta	ch damional sheets, if necessary,
NONE	
ed 11-13-2013,	
Signature of a member or authorized reports L. Hall Typed or printed name of	

Page 3 of 3

Filing Fee: \$25.00