13000100944

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J. SAULSBERRY EXAMINER

AUG 21 2013

COVER LETTER

TO: Registration Sec Division of Corp			
SURVICE AAC	DRYWALL LL	.C	
SUBJECT:		ed Liability Company	· · · · · · · · · · · · · · · · · · ·
			, •
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	CLAUDIA RI	UBI	
		Name of Person	
		Firm/Company	
	10609 N AN	NETTE AVE	
	***************************************	Address	2813
	TAMPA FL 3	33612	2813 AUS 19 AM 9: 05
		City/State and Zip Code	10
8 00 c	E-mail address: (t	o be used for future annual report notificati	on) = 1
•	oncerning this matter, please c		9: 0
CLAUDIA F	,	at (813)900-507	
Name o	Person	Area Code & Daytime To	elephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	■\$30.00 Filing Fee & Certificate of Status	□\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AAC DRYWALL LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L13000100944	y were filed on <u>07/16/2013</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
N/A		
The new name must be distinguishable and end with the words "Lin"L.L.C."	ited Liability Company," the designa	
Enter new principal offices address, if applicable:	N/A	2013 AUG
(Principal office address MUST BE A STREET ADDRESS)		5 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		19 AM 9: 05
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		nter the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida stre	ret address
	, Flori Citv	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, <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>	Address	Type of Action
MGRM	CLAUDIA RUBI	10609 N ANNETTE AVE	Add
		TAMPA FL 33612	Remove
			_
			
			Remove
		,	Add
		> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Remove Add Add
		**************************************	19 Add Remove
			Add
			Remove
			Remove

If amending any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)
AUGUST 15,	2013
	Vaudia Rubi
Signature	of a member or authorized representative of a member
CLAUDIA RUBI	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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