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COVER LETTER

TO:	Registration Se Division of Cor	ction porations	\$ ∯ •	
		pair Solutions, LLC		
SUBJI	ECI:	Name of Lim	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Sean F Murray		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Drywall Repair Solutions,	LLC	
			Firm/Company	
		6295 N Earlshire Terrace		
			Address	
		Dunnellon, FL 34434		
			City/State and Zip Code	<u> </u>
		sonia@aapsa.net		
Fa., f		·	to be used for future annual report notif	ication)
ror iur	ther information co	oncerning this matter, please co	an:	
Sean F	Murray		352 266-8473 at ()	
	Name of	ſ Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 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

Drywall Repair Solutions, LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 8/14/13	and assigned
Florida document number L13000114905	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
		j.
		3 43
Enter new mailing address, if applicable:		20 Fig.
(Mailing address MAY BE A POST OFFICE BOX)		
·		2: SA
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	Sonia L Murray		Add
		6295 N Earlshire Terrace, Dunnellon, FL 34434	Remove
			Change
AMBR	Sonia L Murray		Add
		6295 N Earlshire Terrace, Dunnellon, FL.	Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change
			🗆 Add
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	date, if other than	the date of filin	neet the applicable:	te of filing or more than statutory filing require	(optional) 00 days after filing.) Pements, this date wi	ursuant to 605.0207
ote: If	ive date is listed, the date the date inserted in thi t's effective date on the		State's records.			
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