113000117719

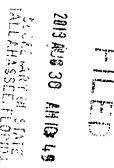
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: TM	CUSTOM DRUN	ALL 3 MORE LLC	, , , , , , , , , , , , , , , , , , ,
	Name of Limit	ALL 3 MORE, LLC ted Liability Company	
	•		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		HU MALVEILS Name of Person	
	TM CUSTON	1 DKUNALL 3 MORE Firm/Company	FLIC 2
	2528'	7-874 DRIVE	
		EN, FL 32071 City/State and Zip Code	
		A 1147 @ GIMWI. Co be used for future anglual report notification	
For further information of	concerning this matter, please ca	ali:	
TIMOTHU Named	MAIKID of Person	at (386) 4406 - Co Area Code & Daytime To	2742 elephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations tox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center	ons ,

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TM CUSTOM DRYWALL 3 MORE, LLC (Name of the Limited Liability Company as it how appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $08-20-2013$ and assign Florida document number $2/3000117719$	ıed

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 end with th "L.L.C."	e words "Limited Liability Company,	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e: <u>NA - NO</u>	CHANCE TI
(Principal office address MUST BE A STREET A	DDRESS)	65 a -
	NA-NO L	CHANGE 5
Enter new mailing address, if applicable:	NA-NO C	HANGE = 5
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:	NA-NO CHANGA	5
New Registered Office Address:		
	Enter	Florida street address
<u>-</u>		, Florida Zin Code
	Citv	

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 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>Titlė</u>	<u>Name</u>	Address	Type of Action
MGRM	LWS SALSONA	8489-12741 DR	Add
		LIVE OAK, FL 32060	Remove
			_
			Add
			Remove
			2013 Add Add
		66.2 8.30 20.00 20	Remove
		SA EN	- G
			Add
			Remove
			_
			_ Add
			Remove
			_
*			Add
			Remove

_	
_	
-	
×	Aug. 2-27, 2013.
	Signature of a member or authorized representative of a member
	TIMOTHY MANKIN
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00