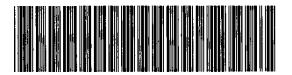
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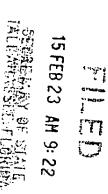
(R	requestor's Name)
(A	ddress)
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(C	city/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MĄIL—
(E	Business Entity Name)
(C	Oocument Number)
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J. Shivers MAR 0 4 2015

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: A D	AMS DRYWAL	LL LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MICHAE	L SCOTT ADAM	ns
		Name of Person	
	ADAMS	DRYWALL LLC	•
		Firm/Company	
	487 M	MARTEN LANE	P.O. BOX 55
		Address	
	HoLT	FL. 32564 City/State and Zip Code	
		City/State and Zip Code	
	msadam	15 69@ yahoo. Com	(iffaction)
For Combon in Comment		-	incadon)
For further information c	oncerning this matter, please ca	ait:	
MICHAEL S	COTT ADAMS	at (850) 603. Area Code Daytin	0567
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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

ADAMS	DRYWALL	LLC			
(Name of the	Limited Liability Compa (A Florida Limited I	ny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limite Florida document number	ed Liability Company	were filed on $9/3$	12/2013	and as	signed
This amendment is submitted to amend the	following:				
A. If amending name, enter the new nar	ne of the limited liab	ility company here:			
The new name must be distinguishable and end wit	h the words "Limited Liab	ility Company," the design	gnation "LLC" or th	ne abbreviation "	L.L.C."
Enter new principal offices address, if ap	plicable:				
(Principal office address MUST BE A ST	REET ADDRESS)	<u>,</u>			
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)					
B. If amending the registered agent registered agent and/or the new registered. Name of New Registered Agent:			r records, <u>ent</u>	er the name	of the new
New Registered Office Address:					स्थानक इ.हू
New Negistered Office Address:		Enter Florida s			171
		City	, Florida	Zip Gode	Firm
New Registered Agent's Signature, if chang	ing Registered Agent:	•		වැ. හ	

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

MGR = Manager

AMBR = Authorized Member Title Name **Address** Type of Action MICHAEL ALLEN ADAMS 487 MARTEN LANE AMBR Add HOLT, FL. 32564 □ Remove □ Add ☐ Remove □ Add □ Remove □ Add □.Remove ☐ Add ☐ Remove

(The ϵ	ctive date, if other than the date of filing: 2/23/2015 (optional) effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
(The e	effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after late this document is filed by the Florida Department of State)
(The	effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State) and February 17, 2015. Whichael Scott Chanse
(The e	effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after late this document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

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