L13000158864

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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to F | iling Officer: | |
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Office Use Only



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COVER LETTER

Tallahassee. FL 32314

| TO: | Registration Se Division of Co | | | | |
|-----------------|-----------------------------------|--|--|--|--|
| SUBJEC | | DRYWALL SERVICES LLC | | | |
| SUBJEC | <u>-</u> | Name of Lim | ited Liability Company | | |
| The encl | losed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | | |
| | | L | ILIANA GOMEZ | | |
| | | | Name of Person | | |
| | | GLOBAL DRYWALL SERVICES LLC | | | |
| | | | Firm/Company | | |
| | | 1 ALHAN | MBRA PLAZA STE PH FLOOR | | |
| | | - | Address | | |
| | | N | AIAMI FLORIDA 33134 | | |
| | | | City/State and Zip Code | | |
| | | E-mail address: (| to be used for future annual report notification) | | |
| For furth | ier information o | concerning this matter, please co | all: | | |
| LILIAN | A GOMEZ | | 954 495-4400 | | |
| | Name o | of Person | at () | | |
| Enclosed | d is a check for t | he following amount: | | | |
| □ \$ 25. | .00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | | |
| | Mailing Addre Registration | | Street Address: Registration Section | | |
| | Division of C | Corporations | Division of Corporations | | |
| | P.O. Box 632 | 27 | The Centre of Tallahassee | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | | L SERVICES LLC | |
|--|--------------------------------------|--|-----------------------------------|
| (<u>Name of the Limited</u> | LLiability Compa VFlorida Limited | iny as it now appears on our rec Liability Company) | ords.)7 F.: C: 1.7 |
| he Articles of Organization for this Limited Lial | | were filed on 11/12/2013 | and assigned |
| lorida document number L13000158864 | <u> </u> | | • |
| his amendment is submitted to amend the follow | ving: | | |
| a. If amending name, enter the new name of t | he li <u>mited liab</u> | ility company here: | |
| he new name must be distinguishable and contain the wor | rds "Limited Liabi | lity Company," the designation "I. | J.C" or the abbreviation "L.L.C." |
| Inter new principal offices address, if applical | ble: | LILIANA GOMEZ | |
| Principal office address MUST BE A STREET ADDRESS) | | EALHAMBRA PLAZA STE PH FLOOR | |
| • | | MIAMI FL 33134 | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE B | <u>OX)</u> | | |
| | | | |
| 3. If amending the registered agent and/or registered affice address | ., | address on our records, ent | er the name of the new regi |
| . Name of New Registered Agent: | LILIANA GO | MEZ | |
| New Registered Office Address: | 1 ALHAMBR | A PLAZA STE PH FLOOR | |
| | • | Enter Florida street add | lress |
| | MIAMI | | Florida 33134 |
| | | City | Zin 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 |
|--------------|---------------|-------------------------------|----------------|
| AMBR | GLORIA GOMEZ | 1 ALHAMBRA PLAZA STE PH FLOR | □Add |
| | | MIAMI FL 33134 | ■Remove |
| | | | □Change |
| AMBR | LILIANA GOMEZ | 1 ALHAMBRA PLAZA STE PH FLOOR | = Add |
| | | MIAMI FL 33134 | 🗀 Remove |
| | | | □Change |
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| Fective date, if other than the date of filing: 09.24.2024 (optional) neffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Parasuant to 605.0201 reg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. Red SEPTEMBER 24TH 2024 Signature of a member or authorized representative of a member. | | | | | |
|--|--|---|-----------------------------------|---------------------------------------|------------------|
| ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. EEPTEMBER 24TH 2024 Cumulative date of filing: (cumulative date of filing or more than 90 days after filing.) Pursuant to 605.020 tee. (cumulative date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 tee. (cumulative date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 tee. (cumulative date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 tee. (cumulative date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 tee. (cumulative date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 tee. (cumulative date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 tee. (cumulative date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 tee. (cumulative date is listed as a filing or more than 90 days after filing.) Pursuant to 605.020 tee. (cumulative date is listed as a filing or more than 90 days after filing.) Pursuant to 605.020 tee. | | • | | | |
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| ted SEPTEMBER 24TH 2024 (Clara Compa | n effective date is listed, the date must be spote: If the date inserted in this block d | of filing: pecific and cannot be prior to oes not meet the applicab | | n 90 days after filing.) Pur | |
| (iliana Comez | | e, but not an effective tim | e, at 12:01 a.m. on the | earlier of: (b) The 90 | th day after the |
| Signature of a member or authorized representative of a member | SEPTEMBER 24TH | 2024 | -· , | | |
| Signature of a memory of additional representative of a memory | Sign | illa member or author | Leonal Izad representative of a m | iember) | |
| | Sign | nare of a member of addition | ized representative or a ir | | |

Filing Fee: \$25.00