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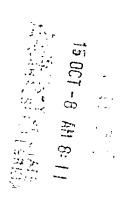
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## **COVER LETTER**

TO: Reg Div	gistration Secti	on strations	and the second of the second o	
OUR HISTO.	PRO QUALIT	TY DRYWALL & PAINT LI	LC	
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed	l Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	ence concerning this matter t	o the following:	
		JORGE ARA		
PRO QUALITY DRYWALL & PAINT LLC				
		PRO QUALITY DRYWAL	LL & PAINT LLC	
			Firm/Company	
		7607 RAMONA STREET		
PRO QUALITY DRYWALL & PAINT LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  JORGE ARA  Name of Person  PRO QUALITY DRYWALL & PAINT LLC  Firm/Company  7607 RAMONA STREET  Address  MIRAMAR, FLORIDA 33023  City/State and Zip Code  JIMENEZACCOUNTING@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  JORGE ARA  Name of Person  Name of Person  PRO QUALITY DRYWALL & PAINT LLC  Firm/Company  7607 RAMONA STREET  Address  MIRAMAR, FLORIDA 33023  City/State and Zip Code  JIMENEZACCOUNTING@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  JORGE ARA  Name of Person  PRO QUALITY DRYWALL & PAINT LLC  Firm/Company  Address  Address  Divine Telephone Number  Enclosed is a check for the following amount:  \$250.00 Filling Fee \$30.00 Filling Fee & \$55.00 Filling Fee & \$60.00 Filling Fee,				
		The state of the s	City/State and Zip Code	17 A PER WINDLES TO A SECURE AS A SECURI AS A SECURITA AS A SECURITAR AS A SECURI AS A SECURI AS A SECURI AS A SEC
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		E-mail address: (to	o be used for future annual report notificat	ion)
For further is	nformation con	erning this matter, please cal	II:	
JORGE AR	A		at ()	
	Name of Pe	erson	Area Code Daytime Te	lephone Number
Enclosed is	a check for the i	following amount:		
\$25.00 F	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

## PRO QUALITY DRYWALL & PAINT LLC (Name of the Limited Liability Company as It now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/13/2013 and assigned Florida document number 113000159084 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 contain the words "Limited Liability Company," the designation "LLC." or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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
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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of file.	(ontional)"	
If an effective date is listed, the date must be specific and cannot be prior to date of fil Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	ling or more than 90 days after filing.) Pursuant to 6 ory filing requirements, this date will not be li	05,0207 sted as
	ctive time at 12:01 a.m. on the ear	lier of
he record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	cuve time, at 12.01 a.m. on the ear	
The 90th day after the record is filed.	ctive time, at 12.01 a.m. on the ear	
The 90th day after the record is filed.	ctive time, at 12.01 a.m. on the ear	
he record specifies a delayed effective date, but not an effective 90th day after the record is filed.  Dated SEPTEMBER 16TH , 2015  Signature of a member or authorized representations.		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00