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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Garcia and Sons Drywall LLC Name of Limited Embility Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Social Sharfi Name of Person
Accounting Advantage Firm/Company
3898 Via Poinciana, 15
City/State and Zip Code Stan Transf @ aacpausa. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sadia Sharfi at (561) 687-6466 Nume of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scrifficate of Status Scrifficate of Status Status Scrifficate of Status S

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

GARCIA AND SONS DRYL (Name of the Limited Liability Company as (A Florida Lumited Liability)	Sit now appears on our records.) http://www.appears.on.our.records.	
The Articles of Organization for this Limited Liability Company were Florida document number <u>L1400060459</u> .	re filed on 4/14/14 and assigned	
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 C 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 registered agent and/or the new registered office address here:	Jompany," the designation "LLC" or the abbreviation "LLC" 22 25 25 25 25 25 25 25 25 25 25 25 25	new
Name of New Registered Agent:	<i>t</i>	-
New Registered Office Address:	Enter klorida street address	_
·	. Florida 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>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			☐ Remove
			Change
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			Remove
			Change
			☐ Remove
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Note: 1	tive 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 605,0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	November 20 , 2019 . Signature of a member or authorized representative of a member
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Filing Fee: \$25.00