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## COVÉR LETTER

TO: Registration Section **Division of Corporations** SUBJECT: CISNERO ARENILLA DRYWALL 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: CENTRAL FLORIDA FORMS SERVICE INC 185 S. WESTMONTE De ALTAMONTE SPRINGS FL City/State and Zip Code alf (orida forms o a mail, com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 786-640 O
Area Code Daytime Telephone Number

□ \$55.00 Filing Fee &

Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

☐ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 MAY 23, 2014 and assigned
Florida document number 14 0000 84 023
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 the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.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 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 Zip Gode
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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ABEL CISAEROS	1061 CASCADE WAY	Add
		APOPKA, FL 32703	<b>≠</b> Remove
MGRM	ABEL CISNERO	APORKA, FL 32703	
			□ Add
			□ Remove
			☐ Remove
			2011 JUN -2 VPH 4: 06
			—□ Add
			□ Remove

. II ament	ing any other information, enter change(s) here: (Απάζη additional sneets, if necessary.)
_	
•	
E-60 41	
(The effecti	e date, if other than the date of filing:
Dated	MAY 29 , 2014.
	Signature of a member or authorized representative of a member
	ABEL CISNERD Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

