LIH 000146392

| (Red | questor's Name) | |
|---------------------------|-------------------|-------------|
| | | |
| (Add | dress) | |
| | | |
| (Add | dress) | |
| | | |
| (Cit) | //State/Zip/Phone | e #) |
| | _ | |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| — (Bus | siness Entity Nar | ne) |
| | | |
| (Doc | cument Number) | |
| | | |
| Certified Copies | Certificates | s of Status |
| | | |
| | | |
| Special Instructions to F | -iling Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



500396228525

16/21/22-01013-008 *#25.00



R. HUNT

COVER LETTER

TO:

Registration Section

| Division of Cor | porations | | |
|--------------------------------|---|---|---|
| SUBJECT: | Drywall wei | and Paint Restoration | 1 Services LLC |
| | Name of Lim | 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: | |
| | | | د ا |
| | | Josh Wade Name of Person | -1 |
| | | Name of Person | 23 P |
| | | | AT 21 AM 8: 59 |
| | | Firm/Company | STA 5 |
| | 1200 6 | 811 - 1 (115 | · 변 9 |
| | 1314 3 | Belcher -d Lot 13 | 33 |
| | Lacas | FLOCIDA 33771 City/State and Zip Code | |
| | <u> </u> | City/State and Zip Code | |
| | 110 | Temodeling a gma to be used for future unual report noti | Il. Com |
| | E-mail address: (| to be used for future initial report not | incation) |
| For further information c | oncerning this matter, please c | all: | |
| 2006 | 12/00/6 | at (727) 221- | 3204 |
| Name o | f Person | Area Code Daytim | ne Telephone Number |
| | | | |
| Enclosed is a check for the | ne following amount: | | |
| N \$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 Addres | <u>s:</u> | Street Address: | |
| Registration S | | Registration Se | |
| Division of C | - | Division of Co | |
| P.O. Box 632 Tallahassee, I | | The Centre of T | Tallahassee be Street, Suite 810 |
| i alialiassee, l | トレ フェントマ | ATTO IN, INDITIO | A Direct, Built 010 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| <u> </u> | nonvanit now appears on a | ration 2010 | <u> </u> | |
|--|-------------------------------|--|-----------|----------|
| (A Florida Lunit | ted Liability Company) | / | | |
| The Articles of Organization for this Limited Liability Compa | any were filed on09] | 18/2014 | _ and as | signed |
| Florida document number <u>L 14000146392</u> | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited l | iability company here: | | | |
| JUW Remodeling and Cleaning L. The new name must be distinguishable and contain the words "Limited Li | _C | | | |
| The new name must be distinguishable and contain the words "Limited Li | nability Company, the designa | ition "ELC" or the abbre | ration "l | tC. |
| Enter new principal offices address, if applicable: | | | (3) | |
| Principal office address MUST BE A STREET ADDRESS |) | ; | | - |
| | | | 553 | , m. 1 |
| | | ري (۵۵) | 739 | 177 |
| | | in i | AH 8 | |
| Enter new mailing address, if applicable: | . | <u></u> | <u>ფ</u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | ف | |
| | | | | |
| B. If amending the registered agent and/or registered offingent and/or the new registered office address here: | ce address on our record | is, <u>enter the name o</u> | f the ne | w regist |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida sti | rvet address | | |
| | | Florida | | |
| | Ciņ· | | Zip Code | • |
| New Registered Agent's Signature, if changing Registered Age | ent: | | | |

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 |
|--------------|-------------|-------------------------|-----------------|
| MGR | megan Wade | 1399 5 belcher rd 10+19 | 35_ XAdd |
| | | Largo, FL 33771 | Петюve |
| | | | □Change |
| | | | □Add |
| | | | ☐ Remove |
| | | | Change Add |
| | | <u></u> | H |
| | | | □Change |
| | | | □Add |
| | | | Пенюче |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |
| | | | □Add □Remove |
| | | | □ Change |

| | | | | | | | | | | _ | • | | |
|-------------------------|----------------|--------------------------------|------------|--------------|-------------|---------------------|-------------|---------------|-------------|---|------------------|--------------|-------------|
| | | | | | | | | | | | | . | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | - | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | 2022 2022 | |
| | | | | | | | | | | | | · | , care t |
| | | | · · | <u> </u> | <u> </u> | | | | | | | -19 | <u></u> |
| | | | | | | | | . | | | 중독 | 至 | |
| | | | | | | | | | <u></u> | | 338 S 30 S | ~ | |
| | | | | | | | | | | | FLE | 59 | |
| | | | | | | | | · <u>-</u> | | | | <u> </u> | |
| | ·-·- | | | - | | | | | | | | <u> </u> | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| - | | | | <u> </u> | | | _ | | | | | • | |
| | | | | | | | | _ | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| fective (| date, if o | ther than t | the date | of filing | 2: | | | | | _ (optic | nal) | | |
| an effectiv | ve date is lis | ted, the date crted in this | must be sp | pecific and | cannot b | e prior to | | | e than 90 c | lays after | filing.) Pu | | |
| | | date on the | | | | | ie siiitite | 9 | | • | | | |
| cument. | | | | | | | | | | | | | |
| cument' | | elayed effe | ctive date | e, but not | an effec | tive time | e, at 12:0 | 1 a.m. or | the carli | er of: (b) | The 90 | th day | after the |
| record sp | ecifies a d | | | | | | | | | | | | |
| record sp Lis filed. | | | | | | | | | | | | | |
| record sp Lis filed. | | Cutch | v0 = | | 7 | ⁷ 3 コ | | | | | | | |
| record sp Lis filed. | | Octob |)e= | . <u></u> - | . <u>2c</u> | ,22 | . • | | | | | | |
| record sp Lis filed. | | Octob i | pet 1 | Jal | <u>2c</u> | <u>,22</u> | | | | | | | _ |
| record sp Lis filed. | | Octob i | Det Signi | Jul- | nember o |) 22 or authoriz | zed repres | entative o | l'a membe | er . | | | _ |