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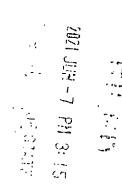
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

Tallahassee, FL 32314

| TO: Registration So Division of Cor | | | | | |
|--|--|---|--|------------------|----------|
| SUBJECT: E AND R I | REMODELING SERVICES L | | | | |
| | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | FRANCISCO HERNAND | DEZ | | | |
| | | Name of Person | | | |
| | E AND R REMODELING | | | <u>(~)</u> | |
| | | Firm/Company | | | |
| | 8128 BABY FARM RD | | | E | |
| | | Address | | I | |
| | TALLAHASSEE, FL 323 | 10 | : | P.J. | , . , |
| | TABBAHASSBE, TE 925 | City/State and Zip Code | | (₁ 2 | - |
| | LBKACCT@ATT.NET | | | (i) | |
| For further information c | E-mail address: (oncerning this matter, please c | to be used for future annual report notifiall: | ication) | | |
| | •••••••••••••••••••••••••••••••••••••• | | | | |
| FRANCISCO HERNAN | | at (<u>850</u>) <u>519-1034</u> | W I 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | |
| Name o | f Person | Area Code Daytime | e Telephone Number | | |
| Enclosed is a check for the | he following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filin Certificate of Certified Control Control Control | of Statu opy | |
| Mailing Address | | Street Address: | otion. | | |
| Registration S Division of C | | Registration Sec Division of Cor | | | |
| P.O. Box 632 | 27 | The Centre of T | allahassee | | |
| Tallahassee, | FL 32314 | 2415 N. Monroe | e Street, Suite 810 |) | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| E AND R DRYWALL OF LEON LLC | Company of it now appears on our race | rds) |
|--|--|-----------------------------------|
| (A Florida | ty Company as it now appears on our reco Limited Liability Company) | 143.7 |
| The Articles of Organization for this Limited Liability C | ompany were filed on 10/06/2014 | and assigned |
| Florida document number L14000155443 | <u>_</u> . | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limi | ited liability company here: | |
| E AND R REMODELING SERVICES LLC | · · · · · · · · · · · · · · · · · · · | |
| The new name must be distinguishable and contain the words "Lim | ited Liability Company," the designation "Ll | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | (ESS) | |
| | | 227 |
| | | . 22 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| muning duaress MAT BLATOST OTTICE BOAY | | P |
| | | <u> </u> |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our records, <u>ent</u> | er the name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street add | ress |
| <u></u> | | Florida |
| | City | 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 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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| n effective date is ote: If the date i | other than the listed, the date mus nserted in this blive date on the De | st be specific and ock does not m | cannot be prior neet the applic | r to date of fili cable statutor | ng or more tha | n 90 days after | filing.) Pursua | ant to 605,020 of be listed a |
| ecord specifies as filed. | ı delayed effectiv | e date, but not | an effective t | ime, at 12:0 | a.m. on the | earlier of: (b |) The 90th | day after th |
| ited | <u> </u> | | | · | | | | |
| | - LAX | 7.3 | | | | | | |
| | - fak | Signature of a n | nember or auth | orized represo | entative of a m | ember | | . |