L14000155443

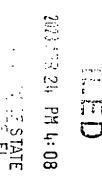
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		REMODELING SERVICES LI	LC
SUBJECT:		Name of Lim	ited Liability Company
		Amendment and fee(s) are sub	
		FRANCISCO HERNAND	DEZ.
			Name of Person
		E AND R REMODELING	SERVICES LLC
			Firm/Company
		8126 BABY FARM RD	
			Address
		TALLAHASSEE, FL 323	10
		- • · · · · · · · · · · · · · · · · · · 	City/State and Zip Code
		ERDRYWALLOFLEON@	HOTMAIL.COM to be used for future annual report notification)
For further	information c	concerning this matter, please c	
	O HERNAN		850 519-1034
	Name o	of Person	at () Area Code Daytime 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 & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address: Registration Section
Di	vision of C	Corporations	Division of Corporations
P.0	O. Box 632	27	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LED

2023 113 24 PM 4: 08

E AND R REMODELING SERVICES 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 $\frac{10/06/2014}{10/06/2014}$ __ and assigned Florida document number L14000155443 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: E AND R DRYWALL OF LEON LLC The new name must be distinguishable and contain 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

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>	Name	Address	Type of Action
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			□Change
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ed APRIL 20 2					
Signature of a mem	ber or authorized	representative of	f a member		

Filing Fee: \$25.00