L15000032171

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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SECRETARY OF STATE
TALL AHASSEF, FLORID

T. HAMPTOIL

COVER LETTER

TO: ` Registration Se Division of Cor			₫	•
	WALL REPAIR LLC			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	JESSENIA CORONA	A		
		Name of Person		
	VM DRYWALL REP	AIR LLC		
	<u> </u>	Firm/Company		
	13145 DORIS STEV	VARD RD.		
		Address		
	BRISTOL, FL 32321			
		City/State and Zip Code		
	rgtaxes@verizon.net			
	E-mail address: (to be used for future annual report notifi	ication)	
For further information of	oncerning this matter, please co	all:		
JESSENIA CORO	NA	813 562-0708		
Name o	f Person	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 & Certified Copy (additional copy is enclosed)	Certified (of Status &

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**

VM DRYWALL REPAIR LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our rec ed Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 02/26/2015	and assigned
Florida document number L15000032171		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Limited L	iability 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)		De Ji
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		THE E
		OR I
		OF J
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		, Florida
	City	Zip Code

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 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>	Name	Address	Type of Action
AMBR	FRANCISCA VALDEZ	10114 RICHARDSON ST	■ Add
		GIBSONTON,FL 33534-5011	Remove
			□ Add
		4111	□ Remove
			□ Add
			□ Remove
		TALLA	_□ Add
		ASSET FLORID	Remove 3
			_□ Remove
			_□ Add
			_□ Remove

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ffective date the effective date this document the date the d	e, if other than the date of filing: (optional) e must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ument is filed by the Florida Department of State)
the date this doc 02/27	ument is filed by the Florida Department of State)
the date this doc 02/27	ument is filed by the Florida Department of State)
the date this doc	varient is filed by the Florida Department of State) /2015
the date this doc	/2015 Signature of a member or authorized representative of a member
the date this doc Dated	varient is filed by the Florida Department of State) /2015

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Filing Fee: \$25.00

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ANASSEE, FLORID