## <u>L15000 845643</u>

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(Address)
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## **COVER LETTER**

TO: Registration : Division of Co	
	A DRYWALL LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.
Please return all corresp	pondence concerning this matter to the following:
	LESBY M. SANCHEZ
	Name of Person
	MECHA DRYWALL LLC
	Firm/Company
	8734 FOLEY DR.
	Address
	ORLANDO, FL 32825
	City/State and Zip Code
	leslysanchez88@hotmail.com  E-mail address: (to be used for future annual report notification)
For further information	a concerning this matter, please call:
LESBY M SANCHEZ	at ( )
Name	e of Person Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

MECHA DRYWALL L (Name of the Limited Liability Comp (A Florida Limited		·ds.)
(A Florida Limited	Hability Company)	<b>—</b>
The Articles of Organization for this Limited Liability Compan Florida document number <u>L1500045643.</u>	y were filed on 03/13/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LL	C" or the abbreviation "L.I.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		28
		50.34
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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		<del> </del>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		is, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	188
		lorida
	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 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
AMBR	MEDARDO E. TOBIAS	8734 FOLEY DRIVE	■ Add
		ORLANDO. FL 32825	□ Remove
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		<del></del>	☐ Remove
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Page 3 of 3

Filing Fee: \$25.00