## 115000/26805

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SECRETARY OF STATE DIVISION OF CORPORATION

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE		J.A.PORTILLO LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	etum all correspo	ondence concerning this matter	to the following:	
		PORTILLO GUEVARA,	JORGE E	
		DRYWALL J.A.PORTILL	Name of Person LO LLC	
		1017 POTOMAC DRIVE	Firm/Company	
		PENSACOLA, FL 32505	Address 5	<del></del>
		jorgeenriqueguevara@ho	City/State and Zip Code otmail.com	<del></del>
			to be used for future annual report no	stification)
For furt	her information c	oncerning this matter, please c	all:	
PORTI	LLO GUEVARA	A, JORGE E	407 264-1197	
	Name o	f Person		me Telephone Number
Enclose	d is a check for th	ne 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr	ING ADDRESS;	STREET/COUR Registration Sect	RIER ADDRESS:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 266) Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRYWALL J.A.PORTILLO LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our record nited Liability Company)	<u>is.</u> 1
The Articles of Organization for this Limited Liability Com	pany were filed on FLORIDA	and assigned
Florida document number L15000126805		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
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 ADDRES	<u> </u>	
		\$E VIS
		AUG
Enter new mailing address, if applicable:		27 SEE
Mailing address MAY BE A POST OFFICE BOX)		2 22
		<b>達</b> 388年 9
		9; 26
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our record s here:	s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	22
		orida
	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>	<u>Address</u>	Type of Action
AMBR	MICHAEL TODD BARNES	4491 EDGE WOOD DR MILTON, FL 32583	<b>■</b> Add
			Remove
AMBR	SANTOS R ANAYA-VEGA	32 W WHITE ST BRENTWOOD, NY 11717	
			☐ Remove
			☐ Change
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
		<del></del>	Remove
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			□ Add
			☐ Remove
			Change
			☐ Add

MICHAEL TODD BA	RNES Numi	ber of shares	or percenta	ige 10% of ow	mership.	
SANTOS R ANAYA-	VEGA Numb				— <del></del> <u></u>	<del>-</del>
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			5/2018			2
fective date, if other than	the date of	Giina.			(option:	•.
n effective date is listed, the date ofe: If the date inserted in thi cument's effective date on th	must be specif is block does	ic and cannot be	e prior to date t	of tiling or more the outory filing requ		
record specifies a dela he 90th day after the i	yed effecti record is fil	ve date, bu led.	it not an ei	fective time,	at 12:01 a.m	i. on the earlic
08/24 ed		2018				
	Signature	of a meriber of	authorized rep	resentative of a m	ember	
PORTILLO GUEVA	ARA, JORGI	ΞΕ				

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Filing Fee: \$25.00