

L15000 143 208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

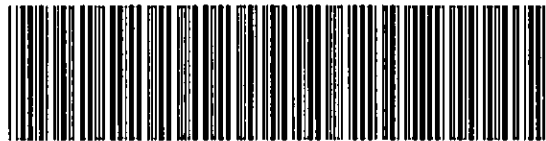
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COUNTYWIDE DRYWALL LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM BEACH

Name of Person

COUNTYWIDE DRYWALL LLC

Firm/Company

5431 S GRAY OAK TER

Address

LECANTO, FL 34461

City/State and Zip Code

COUNTYWIDEDRYWALL1@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM BEACH

352 302-6838
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & 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**

COUNTYWIDE DRYWALL 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 08/20/2015 and assigned
Florida document number L15000143208.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

| | |
|----------------|----------------|
| 1910Y-1-A0161 | 016127-1-A0161 |
| 016127-1-A0161 | 016127-1-A0161 |
| 016127-1-A0161 | 016127-1-A0161 |
| 016127-1-A0161 | 016127-1-A0161 |
| 016127-1-A0161 | 016127-1-A0161 |

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

| | |
|----------------|----------------|
| 016127-1-A0161 | 016127-1-A0161 |
| 016127-1-A0161 | 016127-1-A0161 |
| 016127-1-A0161 | 016127-1-A0161 |
| 016127-1-A0161 | 016127-1-A0161 |
| 016127-1-A0161 | 016127-1-A0161 |

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

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

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AIRPORT - 1000

19 NOV -4 AM 9:10

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 10/29/, 2019

x William Bond

Signature of a member or authorized representative of a member

WILLIAM BEACH

Typed or printed name of signee