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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	⇒ #)
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(Do	ocument Number)	
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TO JAN 20 PH 5: 13

SECRETARY OF STATE

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TAIL

JAN 2 0 2016 S. YOUNG

COVER LETTER

TO: Registration Sec Division of Corp			
	ALL & MORE LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	ANA BAHAMONDE		
		Name of Person	<u> </u>
	AB DRYWALL & MORE	ELLC	
	·	Firm/Company	
	5783 BUCCANER TRAIL	-	
		Address	
	WEST PALM BEACH, FI	L 33417	16
		City/State and Zip Code	
	anitabasilio28@gmail.com		- 25号 22 三
No Code of the owner to		to be used for future annual report notification)	
For further information co	oncerning this matter, please ca	air:	\$2 v
ANA BAHAMONDE		561 856-7505 at ()	्राज्ञ ज
Name of	Person	Area Code Daytime Telephor	ne Number
Enclosed is a check for th	e 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)

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

AB DRY WALL & MORE LLC (Name of the Limited Liability Company)	ompany as it now appears on our records.) nited Liability Company)
(A Florida Lin	ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 11/12/2015 and assigned
Florida document number L15000191750	
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	
	一
	E T
Enter new mailing address, if applicable:	2 2
(Mailing address MAY BE A POST OFFICE BOX)	
	三
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	ed office address on our records, enter the name of the
registered agent and/or the new registered office address	<u>s here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida strevt 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

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	ANA BAHAMONDE	5783 BUCCANER TRAIL	
		WEST PALM BEACH, FL 33417	☐ Remove
			☐ Change
MGR	OCTAVIO BASILIO	5783 BUCCANER TRAIL	
		WEST PALM BEACH, FL 33417	☐ Remove
			■ Change
			Add 16 Remove 18 20 Ann gard 20 Ann gard
		Remo	Remove
			Remove
			Change
			Add
			☐ Remove
			☐ Change

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	April 100 july 1940 a. J. T.	- <u>12</u> (10)
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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date.	(optional)	ant to 605 0207
Note: If the date inserted in this block does not meet the applicable	statutory filing requirements, this date will no	ot be listed as
document's effective date on the Department of State's records.		
ne record specifies a delayed effective date, but not ar The 90th day after the record is filed.	n effective time, at 12:01 a.m. on th	e earlier o
Dated JANUARY 13TH 2015		
16		
Must Fahill 11	MJANI	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00