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COVER LETTER

TO:

то:	Registration Se Division of Cor			
SUBJE	ст: ТВ	Drywall 4 T Name of Limi	Finish of PB, U ited Liability Company	<u></u>
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Dani	ela Bonilla Name of Person	
		JB's Dy	Hall 4 Finish of 1	PB, UC
		12082 S	organ Pine Trl Address	2020 OCT - 1
		Wellin	CHON FL 334	<u>1U</u>
		E-mail address: ()	nishinga whmail to be used for future annual report notif	COPP)
For fur	ther information c	oncerning this matter, please ca	all:	
	Daniela Name o	Bonilla f Person	at (<u>561</u>) <u>633</u> Area Code Daytime	- 9813 : Telephone Number
Enclose	ed is a check for t	ne following amount:		
Ø \$2	5.00 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	Street Address: Registration Sec	
	Division of C	-	Division of Cor	
	P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

) B S Dyual 4 (Name of the Limited Liability	Y Company as it now appears on our records.) Limited Liability Company)	
(A Florida I	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L 16000091.248</u>	ompany were filed on May 10, 2016 and assigned.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
JB's Remodeling Crew). LLC	_
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS) \ \frac{\frac{1}{2}}{2}	_
	1.5 mg (
Enter now mailing address if applicable.) :
Enter new mailing address, if applicable:		}
(Mailing address MAY BE A POST OFFICE BOX)		ب
	<u> </u>	-
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, enter the name of the new registe	<u>red</u>
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

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
			□Add
			□Remove
			□Change
			□ Remove
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			Remov 29 00
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