, L16	٥	00	190021
(Requestor's Name)		_	
(Address)		_	40030
(Address)		_	40000
(City/State/Zip/Phone #)	<u>                                     </u>	-	
PICK-UP WAIT	MAIL		11/21/17-
(Business Entity Name)	-    -  -		
(Document Number)  Certified Copies Certificates of State	us	<del>-</del>	
	<u> </u>	_	
Special Instructions to Filing Officer:			
Office Use Only			



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## **COVER LETTER**

TO: Registration Se Division of Cor			
MARTIN DI SUBJECT:	RYWALL AND CONSTRUCTION	ON LLC	
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub	·	
Please return all correspo	ndence concerning this matter	to the following:	
	ROBERTO GONZALEZ		
		Name of Person	<del> </del>
	TAXSMART ACCOUNTIN	IG SERVICES LLC	
		Firm/Company	
	6653 POWERS AVN STE	136	
		Address	
	JACKSONVILLE, FL 3221	7	
		City/State and Zip Code	
	TAXSMART ACCOUNTING		
For further information co	oncerning this matter, please o	(to be used for future annual report noti all:	ncatron)
ROBERTO GONZALEZ		904 733-0027	
Name o	Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	c 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)
Registra Divisio P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tailahassee, El. 32	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARTIN DRYWALL AND CONSTRUCTION LLC	
(Name of the Limited Liability Compar [1] (A Florida Limited L	ny as it now appears on our records.) Tability Company)
The Articles of Organization for this Limited Liability Company	were filed on FLORIDA and assigned
Florida document number L16000190021	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
N/A	
The new name must be distinguishable and contain the words "Limited Liabili	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	NO A
	22 Agg
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	<del></del>
	CC ddu
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	
Castered agent and of the new registered pinet address here	<b>-</b> .
Name of New Registered Agent:	
Non-Business of Office & House	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cuy 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 amendi or remove	ng Authorized Person(s) authorized to ad from our records:	o manage, enter the title, name, and address	of each person being added
MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	CARLOS HERRERA ORDAZ	10960 BEACH BLVD LOT 369	⊠ Add
		JACKSONVILLE, FL 32246	Remove
		<del>.</del>	Change
			□ Remove
			Change
			□ Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	
			Remove
			Change
			Remove
		<del></del>	Change
<del></del>			Add
			□ Remove
			Change

D. If amending any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)	
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	<u></u>	
	09	5F (1)
E. Effective date, if other than the date of i	filing: (optional)  Gain d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0	0207 (3)(b)
<b>Note:</b> If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed	d as the
If the record specifies a delayed effection (b) The 90th day after the record is fill	ve date, but not an effective time, at 12:01 a.m. on the earlied   led.	r of:
Dated	2017	
	of a member or authorized representative of a member	
MARTIN HERRERA ORDAZ	Typed or printed name of signee	
	Page 3 of 3	
•	Filing Fee: \$25.00	