## L16000194097

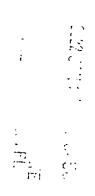
(Rec	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:	Registration Solvision of Co			
CHID IE	Meeks Dry	wall LLC .		,
SUBJEC	C1;	Name of Lin	nited Liability Company	<del></del>
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Robert M. Meeks		
			Name of Person	
		Meeks Drywall LLC		
		<del></del>	Firm/Company	
		8305 Tolles Dr.		
			Address	<del></del>
		N. Ft. Myers Fl. 33917		
			City/State and Zip Code	<del></del>
		meeksdrywall@comeast.ne	to be used for future annual report not	
For fireth	ar information a	oncerning this matter, please c	•	neation)
		oncerning this matter, piease c	an;	
Robert M	1. Meeks		239 470-3875 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Meeks Drywall LLC			2749	· ·
(Name of the Lin	nited Liability Compar (A Florida Limited I.	ny as it now appears ( Liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited Florida document number L16000194097	Liability Company	were filed on 10/20	0/2016	and assigned
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited liabi	lity company hero	<u>:</u>	
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	Meeks	Drywall	LLC
(Principal office address MUST BE A STRE	ET ADDRESS)	8305 N. FT. N	Tolles D Tyers Fl	r ' 33917
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>			
B. If amending the registered agent and/or agent and/or the new registered office addressed agent:  Name of New Registered Agent:	ess here:		Meeks  Dr  street address	
New Registered Office Address:	8305	Tolles	Dr	
<del></del>		Enter Florida	street address	
	N. F.T. M	lyers	, Florida	33917 Zip Code
		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

ر. د If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or reducted from our records:

MGR = Manager AMBR = Authorized Member

<u>tle</u>	<u>Name</u>	<u>Address</u>	Type of Action
12 M	Joseph Arcurio	2575 Payne Ln N. Ft. Myers Fl. 33917	<b>≅</b> Add
			□Remove
			□Change
77.M	Darrell Cade	9901 St. Paul Rd. N. Ft. Myers Fl. 33917	
			Пелюче
			□Change
<del></del>			□Add
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DEC-4'		12/ 20/	/2021				
Effective date, if other than ( If an effective date is listed, the date is	t <b>he date of fil</b> must be specific:	ing:	prior to date	of filing or more	(opti	ional)	(05.0307
<b>Note:</b> If the date inserted in this	s block does no	it meet the ai	pplicable sta	stutory filing r	equirements, thi	is date will πο	int to 605,0207 It be listed as
document's effective date on the	e Department o	f State's rec	ords.				
e record specifies a delayed effected is filed.	ctive date, but r	ot an effecti	ive time, at	12:01 a.m. on	the earlier of: (b	b) The 90th o	day after the
d is med.							
December		20/202	1				
Dated		_ ,	· 				
J. Commission of the Commissio		2/2-					
	Signature of	a member or	authorized re	presentative of	a member	<del></del> -	
	g			p-coomant Of	a member		





**Division of Corporations** 

RECEIVED

CATE SECRETARY OF STATE

January 12, 2022

ROBERT M. MEEKS 8305 TOLLES DR. N. FT. MYERS, FL 33917

SUBJECT: MEEKS DRYWALL LLC

Ref. Number: L16000194097

We have received your document for MEEKS DRYWALL LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 122A00000874