14000214904

I

| (Requestor's Name) | |
|---|--------------|
| (Address) | • |
| (·····, | |
| (Address) | • |
| | |
| (City/State/Zip/Phone #) | • |
| | |
| (Business Entity Name) | - |
| (Document Number) | • |
| | |
| Certified Copies Certificates of Status | |
| | |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |
| | |
| | |
| · · · · · · · · · · · · · · · · · · · | l |
| Office Use Only | ~ |
| | W18 - 5 8050 |
| | 200 |
| | V) I |
| | 10 |
| | \leq |



08/22/19--01026--013 ++25.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

June 25, 2018

LUISA GUTIERREZ PO BOX 17703 JACKSONVILLE, FL 32245

SUBJECT: A & W DRYWALL SERVICES LLC Ref. Number: L16000214904

We have received your document for A & W DRYWALL SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign LLC, but your entity is a Florida LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 518A00013161

COVER LETTER

| TO: | Registration Section |
|-----|-----------------------------|
| | Division of Corporations |

3W Drywall Services, LLC 7018 JUL SUBJECT: Σ 10 MM 11: 20 The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Ø) -UISA GUTIENTEZ Name of Person Firm/Company Igkes Dr East GNTANA <u>EFI 3.2.2.46</u> City/State and Zip Code Jacksonuille E-Mail address: (to be used for future annual report notification) .Com For further information concerning this matter, please call:

 $\frac{(ONTALC.Z)}{Area Code} = \frac{1}{2} \frac{(404)}{Area Code} - \frac{(404)}{Daytime Telephone Number}$ NELSON

Enclosed is a check for the 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 AN TO | MENDMENT |
|---|--|
| ARTICLES OF OR OF | GANIZATION |
| A. W Dry Will Servic (Name of the Limited Liability Company in (A Florida Limited Liab | is it now appears on our records.) lity Company) |
| The Articles of Organization for this Limited Liability Company we Florida document number $_LIE000219909$ | re filed on $1/-23 \cdot 17$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the limited liability</u> <u>$A3NDry(Vall GwalPalw+ing) LL The new name must be distinguishable and contain the words "Linder Liability"$</u> | |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| Enter new mailing address, if applicable: | N 37 |
| (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | e address on our records, <u>enter the name of the new</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | |

Enter Florida street address

____, Florida ___

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added 'or removed from our records:

ī.

MGR = Manager AMBR = Authorized Member

.

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|---------|---------------------|
| | | | 🗆 Add |
| | | | Remove |
| | | | Change |
| | | | 🗆 Add |
| | | | Remove |
| | | | SSEE OF Gadd |
| | | | FECRET MAY OF STATE |
| | | | Change |
| | | | 🗆 Add |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

| JULI IO PH 3. 31 |
|--------------------|
| (⁻ ,) |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| 5 |
| |
| 73 |
| |
| |
| -, -, |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

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 7-9-18 Signature of a member or authorized representative of a member LUISA FIC. M. C. C.

Page 3 of 3

Filing Fee: \$25.00