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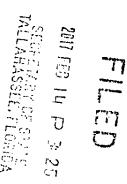
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## **COVER LETTER**

TO: Registration Division of C		
SUBJECT:	S'ANTA	- FT PARTON & WALL SYSTEM LLC
	Name of Li	imited Liability Company
The enclosed Articles	of Amendment and fee(s) are su	ubmitted for filing.
Please return all corre	spondence concerning this matte	er to the following:
		Endro Coper Name of Person
		Name of Person
		Firm/Company
		1851 Num 48 ST Address
		MIMI / FC 33142
	E-mail address	City/State and Zip Code  Soft tester (2) family ceres: (to be used for future annual report notification)  at (180) Lobs - 1278  Area Code Daytime Telephone Number 22  Certified Copy (additional copy is enclosed)  City/State and Zip Code  April 22  April 23  April 23  April 25  Certified Copy (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)  Certified Copy  Certified Copy  Certified Copy
For further informatio	n concerning this matter, please	e call:  at (780) Lob3 - 1278  Area Code Davime Telephone Number 3
Enclis	lopin	at (784 ) 663-1278
Nam	e of Person	Area Code Daytime Telephone Number
Enclosed-is a check fo	r the following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg	ILING ADDRESS: istration Section ision of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations
P.O.	Box 6327 ahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SA	NTA	PE PARTION	& WALL	- 545Per	· uc
(Name of the Limite	A Florida Li	Company as it now appears (mited Liability Company)	<u>on our records.</u>	)	
The Articles of Organization for this Limited Lie Florida document number		npany were filed on	02/06/	i7 and	assigned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limite	d liability company here	<b>:</b>		
The new name must be distinguishable and contain the wo	FE	PARTITION 4	WALL	SYSTEM	LLC
The new name must be distinguishable and contain the wo	ords "Limited	d Liability Company," the desi	gnation "LLC"	or the abbreviation	"L.L.C."
Enter new principal offices address, if applica	able:			, <u> </u>	
(Principal office address MUST BE A STREET	T ADDRE.	SS)			
					•
Enter new mailing address, if applicable:			·		
(Mailing address MAY BE A POST OFFICE 1	3 <i>0X</i> )				
B. If amending the registered agent and/or the new registered off	-		our records,	enter the name	ne of the nev
				SVH EB	
Name of New Registered Agent:					
New Registered Office Address:				ש ה	
		Enter Floride	a street address	90 W	
			, Flor	rida <sup>n</sup>	
		City		Zip Co	de

## 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			Change
			Add
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ective d	late, if other than e date is listed, the date e date inserted in the s effective date on the	e must be specific and	d cannot be prior to meet the applicabl		nore than 90 days :			
te: If th				n offostivo	time at 12.0	1 a.m. on t	the earli	ier of
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Page 3 of 3

Filing Fee: \$25.00