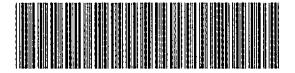
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(Re	questor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: Gerald	1 M Hansen Po	lastering LLC	
	Name of Limited I	Liability Company	
The enclosed Articles of Ame	endment and fee(s) are submitte	ed for filing.	
Please return all corresponde	nce concerning this matter to th	e following:	
	$\binom{1}{2}$	erald Hansen	
-		Name of Person	
-		Firm/Company	
		i ma company	
_	3702	9th St W	
_	Lehigh Acr	res , FL 33971 y/State and Zip Code	-5107
	Cit	y/State and Zip Code	
		used for future annual report notificati	
Page Country of the c		ised for future annual report notificati	on)
For further information concer	ning this matter, please call:		
N ch	Geral Hanson	at (239 ) 707-507/ Area Code Daytime Tel	
Name of Pers	on	Area Code Daytime Tel	ephone Number
Enclosed is a check for the fol	lowing 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 AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Gerald M Hansen Plasteri	ng LLC
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s off our records.)
The Articles of Organization for this Limited Liability Company were filed on	2-15 - 2017 and assigned
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the egistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	
A. If amending name, enter the new name of the limited liability company he	ere:
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	r
(Principal office address MUST BE A STREET ADDRESS)	TALL SECTION
	N N N N N N N N N N N N N N N N N N N
	2 657
Enter new mailing address, if applicable:	10F
(Mailing address MAY BE A POST OFFICE BOX)	
	2
	C.
	our records, enter the name of the ne
Name of New Registered Agent:	
Enter Flor	ida street address
<del> </del>	, Florida
City  New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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
AMBR	Chayl Hansen	1208 Barnschale St. Lehigh, Fl 33936	_[ <b>X</b> ]Add
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			Change
			_[II]Add
		<del></del>	::Remove
			Change
			_@Add
			_ <b>⊞</b> Remove
		<del></del>	(L)Change
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ective date, if other effective date is listed, t	than the date of filing: the date must be specific and cannot be prior to date of filing	or more than 90 days after filing.) Pursuant to 60	5.02
te: If the date inserted	in this block does not meet the applicable statutory on the Department of State's records.	filing requirements, this date will not be list	ted
circle screened de	on the bepartment of ocale sheeping.		
record specifies a	delayed effective date, but not an effective	ve time, at 12:01 a.m. on the earli	ier
he 90th day after	the record is filed.	·	
ed	•		
	Geneld W Zlanden		
	Signature of a member or authorized representa-	ative of a member	

Page 3 of 3

Filing Fee: \$25.00