117000087435

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

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COVER LETTER

	sion of Corp				
	MANOLO-S	IMMONS LLC			
Name of Limited Liability Company					
		amendment and fee(s) are subm	_		
Please return	all correspon	dence concerning this matter to	the following:		
		JOHN MCKENZIE JR			
			Name of Person		
	1	MANOLO-SIMMONS DRY	YWALL LLC		
			Firm/Company		
		3220 37TH TERRACE E			
		•	Address		
		BRADENTON FL 34208			
			City/State and Zip Code		
		JLITZINGER@YAHOO.CO	M be used for future annual report notifical	Wash.	
				non)	
For further in	formation co	ncerning this matter, please call	! :		
JEFF LITZIN	NGER		941 779-8716		
	Name of	Person	at () Area Code Daytime Te	elephone Number	
Enclosed is a	check for the	e following amount:			
5 \$25.00 F	iling 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

MANOLO-SIMMONS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on <u>04/19/2017</u>	and assigned
lorida document number L17000087435		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
IANOLO-SIMMONS DRYWALL LLC		
e new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
		ARE AY
		SSE I7
nter new mailing address, if applicable:		ms > 1
failing address MAY BE A POST OFFICE BOX)		S 20 T
•		
If amending the registered agent and/or registered of		enter the name of the
gistered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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

'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
VP	BRIAN SIMMONS	3220 37TH TERRACE E	= Add
		BRADENTON FL 34208	□ Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			Add
			Remove
			□ Change
			
			S Permov
<u> </u>			SEC Pemov
			□ Remove
			□ Change

WOULD LIKE TO ADD F	EI/EIN NUMBER	82-1236602			
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	04	/19/2017			
ctive date, if other than the	just be specific and cannot	ot be prior to date of	filing or more than 90	(optional) days after filing.) P	ursuant to 605.0
e: If the date inserted in this iment's effective date on the					Il not be liste
ecord specifies a delayed to 90th day after the re		but not an ef	fective time, at :	12:01 a.m. or	the earlie
05/11	20	17			
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	Texad	h			T A
()	Signature of a memb	er or authorized rep	resentative of a memb	er .	A AR
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Page 3 of 3

Filing Fee: \$25.00