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	(Requestor's Name)		
	(Address)		
	(Address)		
-	(City/State/Zip/Phone #)		
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	(Business Entity Name)		
(Document Number)			
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: 60	iath Drywa Name of Lim	ited Liability Company	
	'		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Edgar He	rnancle Z - Pete Z	
		Firm Company	
	<u> 15025</u> S	N 303 Rd St	
	Homest	Lad H 330. City/State and Zip Gode	33
	eh 072686 E-mail address: (1	o be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	ill:	
Edgar Hernir Name of	ndez - Perez		- 7752 Telephone Number
Unclosed is a check for th	e following amount:		TO JUNE FI
□ \$25.00 Filing Fee	¥\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
			5.5

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

Goliath Drywall, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
he Articles of Organization for this Limited Liability Company were filed on $\frac{ \psi 13 2017}{13 2017}$ and assigned orida document number $\frac{L17000129623}{12017}$.
his amendment is submitted to amend the following:
If amending name, enter the new name of the limited liability company here: Soliath Dywall Installation '7 Finish, LLC ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
nter new principal offices address, if applicable;
Principal office address MUST BE A STREET ADDRESS)
If amending the registered agent and/or registered office address on our records, enter the name of the new gistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
w Registered Agent's Signature, if changing Registered Agent:
ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany 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 = 7	Nuthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			🗖 Remove
			Change
			Add
			□ Remove
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Note: If the	te, if other than the late is listed, the date mus date inserted in this blo ffective date on the De	ock does not meet th	e applicable statutory	or more than 90 days after tilling requirements, this	n al) Hing.) Pursuant to 605,0207 (3)(date will not be listed as the
					m on the earlier of:
	pecifies a delayed day after the reco		but not an effectiv	ve time, at 12:01 a.	m. on the earner or.
		ord is filed.	but not an effecti	ve time, at 12:01 a.	SECOLULIA I
b) The 90th	day after the reco	ord is filed. The state of a member The state of	r or authorized represented to printed name of signal	ative of a member	FILED SECRETARISMENT

Page 3 of 3

Filing Fee: \$25.00