# 117000128659

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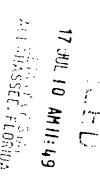
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## **COVER LETTER**

TO: Registration Sec Division of Corp		er .
SUBJECT:	SB D(W) CLL Name of Limited Liability C	Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing	ng.
Please return all correspon	dence concerning this matter to the following	ng:
	Marcus S T	Bostick Ferson
	MSB Dryw	ompany LC
	2020 VIRG	ania St
	Milliard for	C 32046
	City/State an m Sbdrywall	C 32046 and Zip Code @ gmail. Cum
	E-mail address: (to be used for n	uture annual report notification)
For further information cor	ncerning this matter, please call:	
Mame of l	SBOSTICL at (C) Are	a Code Daytime Telephone Number
Enclosed is a check for the	following amount:	
□ \$25.00 Filing Fee	Certificate of Status Certific	Filing Fee & S60.00 Filing Fee, cd Copy 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

MSB Drywal	1 LLC
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Complete Florida document number $\underline{L1700012865}$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRES)	Liability Company," the designation "L.L.C."  S)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office address	ed office address on our records, enter the name of the new
Name of New Registered Agent:	49
New Registered Office Address:	Enter Florida street address
	. Florida
<del></del>	City Zin 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

Title. <u>Name</u> Address Type of Action MARShal D. Ferguson 10330 Big Tree Ter (Add) Jacksonville, FC 32257
Remove ☐ Change □ Add □ Remove □ ∧dd ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00