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COVER LETTER

	ration Son of Co	ection rporations		
SUBJECT:	DE	ELCID DRYWALL SPE	CIALIST, LLC	
3050201.			ited Liability Company	-
The enclosed A	rticles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	•	
		JOSE	H DELCID MEJIA	
			Name of Person	
		DELCID DR	YWALL SPECIALIST, LLC	- -
			Firm/Company	.
		8212 CINDY	WAY	
			Address	
		TAMPA, FL	33637	
			City/State and Zip Code	
			alls@gmail.com to be used for future annual report noti	(Anathon)
For further info	rmation o	concerning this matter, please co	·	iteation
JOSE	E H DE	LCID MEJIA	at ((813) 965-439	94
	Name (of Person		e Telephone Number
Enclosed is a cl	neck for t	he following amount:		
♥ \$25.00 Filin	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations rater Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELCID DRYWALL SPECIALIST, LLC

(Name of the Limited Liab (A Flori	ollity Company as it now app ida Limited Liability Company	ears on our records.) y)		
The Articles of Organization for this Limited Liability Florida document number <u>L17000144958</u>	Company were filed on	07/06/2017	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company	here:		
The new name must be distinguishable and contain the words "L	imited Liability Company," th	e designation "LLC" or the ab	breviation "L.I	L.C."
Enter new principal offices address, if applicable:			18	S S
(Principal office address MUST BE A STREET ADI	<u></u>		<u> </u>	00 00 00 CD
Enter new mailing address, if applicable:			2	15 C.
(Mailing address MAY BE A POST OFFICE BOX)		-	# <u></u>	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		on our records, <u>enter</u>	the name	of the ne
Name of New Registered Agent:				
New Registered Office Address:				
	Enter I	Florida street address		
<u></u> -		, Florida		
	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
MGR	SANDRA L. ROSALS PERALTA	8212 CINDY WAY	Add
		TAMPA, FL 33637	Remove
			☐ Change
			Add
		-	□ Remove
			Change
			Add
			Remove
			Change
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fective date, if other than the date of	filing: 06/01/20		(optional)	D
an effective date is listed, the date must be specified. If the date inserted in this block does	not meet the applicab	le statutory filing req	uirements, this date v	vill not be listed:
ocument's effective date on the Departmen	it of State's records.			
e record specifies a delayed effecti The 90th day after the record is fi		an effective time	, at 12:01 a.m. c	n the earlier
	2040			
ated JUNE 6	. 2018	.· *		
	4.			
Signature	of a member or a thori	zed representative of a	member	· · ·

Page 3 of 3

Filing Fee: \$25.00