## 00189329

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone #)	) <u> </u>
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Stray'S Try (ex) UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Edward Stray Name of Person
5+ Ay'S Drywall LLC Firm Company
3702 Hwy 98 Unit 109
Metro Brack Fl 72456 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (\$50) \$\frac{\omega}{B} - \frac{\omega}{7} \frac{2}{\omega}  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certificate of Status Cert

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

Stray's !	Dry wall LLC	
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia		and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable:	MA	
(Mailing address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and/or the new registered off	or registered office address on our records, lice address here:	enter the name of the nev
Name of New Registered Agent:		ASSET A M
New Registered Office Address:	Enter Florida street address	E 8 D
	Flori	
	Citv	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>	Name	Address	Type of Action
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			Remove
	<u> </u>		
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			□ Remove
			☐ Change

2100 C	ner information, enter change(s) here: (Attach additional sheets, if necessary.)	,
JWLD	OR -CHRISTIE TOPA	<del></del>
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	Metres Speak, FL 3245	0
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	3204 Huy 98 Unit 10	9
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e date, if oth	ner than the date of filing:(optional)?	ന
tive date is listed f the date inser	ed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing; red in this block does not meet the applicable statutory filing requirements, this date v	Pursualitio 60 vill not be lis
	date on the Department of State's records.	
	s a delayed effective date, but not an effective time, at 12:01 a.m. of ter the record is filed.	n tne ear
	. 1,0	
Oth day aft	1/18	
Oth day aft	1 / D	
Oth day aft	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member  Edward Stay  Typed or printed same of signee	

Page 3 of 3

Filing Fee: \$25.00