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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A & B Drywall Construction LLC 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:
rease return un correspondence concerning min matter to the township.
Bayron Ayala Name of Person
A&B Drywall construction 11c
\$100 Summer gate ct
Jacksonville, Florida 37256 City/State and Zip Code Avala 93.BA@ Gmail.com Te-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bayron Ayala at (904) 528-9582 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	Construction IC y Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 101241	2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit Multi-pro Solutions The new name must be distinguishable and contain the words "Limit		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	PESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records,	2023 HAR 13 TO SEE STATE OF the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		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
			□Add
			□Remove
			□Change
			□∧dd
			Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
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			□Add
			□Remove
			□ Change
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			□Remove
			□Change

Page 2 of 3

ii ani	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	fective date, if other than the date of filing:
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	3-10-23
	RA
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00