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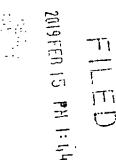
| (Requ | iestor's Name) | |
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| (Addr | ess) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ness Entity Nam | ne) |
| (Docu | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fil | ling Officer: | |
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Office Use Only



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COVER LETTER

| SUBJECT: | All Ways Dr | ywall, LLC | | |
|--------------------|----------------|-------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| SUBJEC1; | | Name of Limi | ted Liability Company | |
| | | | | |
| The enclosed | Articles of A | mendment and fee(s) are subr | nitted for filing. | |
| Please return | all correspond | dence concerning this matter t | to the following: | |
| | | Greg Morrow | | |
| | | | Name of Person | |
| | | All Ways Drywall, LLC | | |
| Firm/Company | | | | |
| | | 12425 Satsuma Dr. | | |
| | Address | | | |
| | | Spring Hill, FL 34610 | | |
| | | greg morrow1@aol.com | City/State and Zip Code | |
| | | | o be used for future annual report notificat | ion) |
| For further in | iformation cor | ncerning this matter, please ca | II: | |
| Greg Morro | w | | 813 482-1930 at () | |
| | Name of I | Person | at () Area Code Daytime Te | lephone Number |
| Enclosed is a | check for the | following amount: | | |
| ≘ \$25.00 F | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

2019 FEB 15 PH 1:44

All Ways Drywall, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited L Florida document number L18000042628 | iability Company | were filed on 02/16/2 | and assigned |
|-----------------------------------------------------------------------------------------|------------------------------|------------------------------------------|--------------------------------------------|
| This amendment is submitted to amend the foll | owing: | | |
| A. If amending name, enter the new name of | f the limited liab | ility company here: | |
| The new name must be distinguishable and contain the v | vords "Limited Liabi | lity Company," the design | ation "L.L.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 12425 Satsuma Dr. | |
| Principal office address MUST BE A STREET ADDRESS) | | Spring Hill, FL 346 | 0 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | BOX) | 12425 Satsuma Dr. Spring Hill, FL 346 | 10 |
| B. If amending the registered agent and registered agent and/or the new registered o | • | | r records, enter the name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | 12425 Satsuma | | |
| | Enter Florida street address | | |
| | Spring Hill | | , Florida 34610 |
| | | City | Zip Coxle |
| 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> | <u>Address</u> | Type of Action |
|--------------|-----------------|----------------------------------------------|-----------------|
| AMBR | Duncan, Richard | 15107 W. County Line Rd. Odessa, FL 33556 | Add |
| | | | □ Remove |
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| | February 8tl | h 2019 | | |
| ctive date, if other than the d effective date is listed, the date must l | ate of filing: | | (optional) | n to 605 026 |
| e: If the date inserted in this bloc | ck does not meet the applica | able statutory filing requ | irements, this date will not | be listed a |
| ument's effective date on the Dep | artment of State's records. | | | |
| record specifies a delayed | offective date, but no | t an effective time | at 12:01 a.m. on the | earlier (|
| ne 90th day after the reco | | t an enective time, | at 12.01 a.m. on the | . carner |
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| | ignature of a member or author | | | |

Page 3 of 3

Filing Fee: \$25.00