

# L18000054102

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

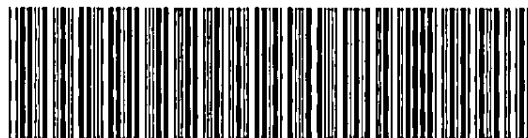
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 27 2019  
T SCHROEDER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Strive Dry wall solutions 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:

Angel I. Arce  
Name of Person  
Strive Dry wall solutions LLC  
Firm/Company  
1042 Shoshanna Dr.  
Address  
Orlando FL 32825  
City/State and Zip Code  
AngelArce334@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angel I. Arce at ( 407 ) 663-2147  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Strive Roadside Assistance

(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 Liability Company were filed on 10/15/2018 and assigned Florida document number L18000054102.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Strive Drywall Solutions LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1042 Shoshanna Dr. Orlando  
FL 32825

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1042 Shoshanna Dr. Orlando  
FL 32825

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Angel I. Arce

New Registered Office Address:

1042 Shoshanna Dr.

Enter Florida street address

Orlando

City

Florida

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.

Angel I. Arce

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 | Name         | Address            | Type of Action                             |
|-------|--------------|--------------------|--|
| p     | Angell Arce  | 5735 Chantree Lane | <input type="checkbox"/> Add               |
|       |              | Orlando FL 32829   | <input checked="" type="checkbox"/> Remove |
|       |              | 5735 Chantree Lane | <input type="checkbox"/> Change            |
| Vp    | OKa For Jude | Orlando FL 32829   | <input type="checkbox"/> Add               |
|       |              |                    | <input checked="" type="checkbox"/> Remove |
|       |              |                    | <input type="checkbox"/> Change            |
| CEO   | Angell Arce  |                    | <input type="checkbox"/> Add               |
|       |              | 1042 Shoshanna Dr. | <input checked="" type="checkbox"/> Remove |
|       |              | Orlando FL 32825   | <input type="checkbox"/> Change            |
| MGR   | Angell Arce  | 1042 Shoshanna Dr. | <input checked="" type="checkbox"/> Add    |
|       |              | Orlando fl. 32825  | <input type="checkbox"/> Remove            |
|       |              |                    | <input type="checkbox"/> Change            |
|       |              |                    | <input type="checkbox"/> Add               |
|       |              |                    | <input type="checkbox"/> Remove            |
|       |              |                    | <input type="checkbox"/> Change            |
|       |              |                    | <input type="checkbox"/> Add               |
|       |              |                    | <input type="checkbox"/> Remove            |
|       |              |                    | <input type="checkbox"/> Change            |

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated 8/12/2019, 2019

Angel L. Pucci  
Signature of a member

Signature of a member or authorized representative of a member

Angel I. Arce

Typed or printed name of signee