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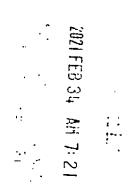
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COVER LETTER

TO: Registration Section
Division of Corporations

	MIRANDA'S META	AL FRAMING LLC .			
SUBJECT:	Name of Limit	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspo	ndence concerning this matter t	o the following:			
	ANGE	EL MIRANDA GARCIA			
		Name of Person			
	MIRANDA	'S METAL FRAMING LLC			
	Firm/Company				
	5613 :	STH STREET CT EAST			
	Address				
	BRADE	NTON FLORIDA 34203			
		City/State and Zip Code	· · · · · ·		
	BASANT@	BASHUINSURANCE.COM			
	E-mail address: (1	to be used for future annual report not	itication)		
For further information of	concerning this matter, please ca	all:			
ANGEL MIRA	NDA GARCIA	941 303-7509 at ()			
Name o	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing 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 Addre Registration Division of 6 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 FEB 34 AM 7: 21 MIRANDA'SMETAL FRAMING 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 Liability Company were filed on 03/16/2018 and assigned Florida document number _____L18000068770 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ANGEL'S DRYWALL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1419, 26TH AVENUE WEST, LOT# 21 Enter new principal offices address, if applicable: **BRADENTON FLORIDA 34205** (Principal office address MUST BE A STREET ADDRESS) SAME AS ABOVE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	Cin	7in Coda

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(5) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	Nanager Authorized Member		e in		
<u>Title</u>	Name	Address	2021 FEB 34 AM 7: 21	Type of Action	
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effective date is listed, the date must be specific at	nd cannot be prior	to date of filing o	more than 90 days at	ter filing.) Pursuant to 605.0
te: If the date inserted in this block does not current's effective date on the Department of	meet the applica State's records.	ible statutory ii	ling requirements, t	his date will not be listed
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s filed.				
JANUARY 30TH,	2021			
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