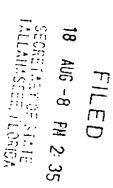
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Dry Wall and Metal Francy Professiona Name of Limited Liability Company LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Guarino Name of Person
Drywall and Metal Framing Professionals LLC
2315 Walters Rd Address
Middleburg F7 32068  City/State and Zip Code  Cagle dog 1225 @ Yahoo Com  E-mail address: (to be used for future annual report nonfication)
E-mail address: (to be used for future annual report nonfication)
For further information concerning this matter, please call:
Tohn Guarino at 904, 417-3517  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$Certificate of Status & \$\Bigcup \$Certified Copy (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

Drywall and	! Metal Framing Pro	Jessionals LLC
(Name of the Limi	ted Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited L	iability Company were filed on <u>0</u>	04/27/2018 and assigned
This amendment is submitted to amend the foll	lowing:	SECOND TO
A. If amending name, enter the new name of	of the limited liability company here	きまって
$\Lambda \setminus \Lambda$		100 m
The new name must be distinguishable and contain the	words "Limited Liability Company," the desig	gnation "LLC" or the abbreviation" L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREI	ment is submitted to amend the following:  ding name, enter the new name of the limited liability company here:  must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  principal offices address, if applicable:  office address MUST BE A STREET ADDRESS)  mailing address, if applicable:	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
		<u> </u>
		ur records, enter the name of the nev
Name of New Registered Agent:	na	
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>	<u>Address</u>	Type of Action
AMBR	Sean E. Crosby	6135 Goodman Rd. Jocksonirle Fi 32244	<b>D</b> Add
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f an effec <u>Note:</u> I	ve date, if other than the date of filing: 08 06 20 8 (optional) retive 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 6 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lient's effective date on the Department of State's records.	05.0207 ( isted as t
The S	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.	lier of
ated _	August 06 2018.	
	Signature of a member or authorized representative of a member	
	Signature of a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00