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Effective - 05/18/2018

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COVER LETTER

Division of Corporations				
SUBJECT: 151 Source Drywall 4 Textures Name of Lighted Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Jessica A. Crosby Name of Person				
15+ Source Drywall + Textures				
521 E. Ohio Ave.				
MOCCIENTY FL 32063 City/State and Zip Code FOUL half ess @ Jahoo Com E-mail address: Yto be used for future annual report notification)				
For further information concerning this matter, please call:				
Jessica Crosby at (904) 748-1130 Name of Person Daytime Telephone Number				
Enclosed is a check for the following amount:				
S25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee Scriffied Copy (additional copy is enclosed) S25.00 Filing Fee Scriffied 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

13º Source Dri	4 11Wall	Textures		
(Name of the Limited Liability (A Florida	ty Company as it now app Limited Liability Company	ears on our records.) y)		
The Articles of Organization for this Limited Liability C Florida document number <u>L 18000109577</u>		May 1, 2018	and assigno	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company	here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company "th	er decignation "LLC" or the abbi	revistion "I	
•	ned Liability Company, th	to designation and or or the noon	***	101ST 173ST
Enter new principal offices address, if applicable:				- <u>85</u> -
(Principal office address MUST BE A STREET ADDR	? <u>ESS)</u>		<u></u>	-32; -3 ² ;
				_ <u>%</u> QC
			==	STA ARA
Enter new mailing address, if applicable:			0	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				-
	<u> </u>			
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		on our records, enter t	he name of t	the new
Name of New Registered Agent:				
New Registered Office Address:				
-	Enter F	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>	Name	Address	Type of Action
MGR	Jeromy Lauromore	521 E.Ohio Ave.	≅ Add
	,	521 E.Ohio Ave: Macclenny, FL 32063	□ Remove
		32063	☐ Change
			D Add
			□ Remove
			☐ Change
			
			Remove
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			Change

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Filing Fee: \$25.00