

418000138020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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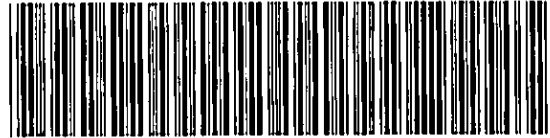
(Business Entity Name)

(Document Number)

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18 JUN 25 PM 3:57  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

N COOPER

JUN 26 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Addair Drywall 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:

Christopher Adam Addair  
Name of Person

Addair Drywall LLC  
Firm/Company

45300 Booth St.  
Address

Callahan, FL 32011  
City/State and Zip Code

Sharichiovaro@att.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shari Chiovaro at (904) 879-6961  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing 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:**  
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**

Addair 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 Liability Company were filed on 6-4-2018 and assigned Florida document number L18000138 020.

This amendment is submitted to amend the following:

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

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)

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:

Christopher Adam Addair

New Registered Office Address:

45300 Booth St.

Enter Florida street address

Callahan, FL

City

Florida

32011

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.*

X Christopher Adam Addair  
If Changing Registered Agent, Signature of New Registered Agent

If intending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

A/MER = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Adam Addair	45300 Booth St.	<input type="checkbox"/> Add
		Callahan, FL 32011	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Christopher Adam Addair	45300 Booth St.	<input checked="" type="checkbox"/> Add
		Callahan, FL 32011	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D** If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FIELD  
SECRETARIAT OF GOVT.  
DIVISION OF INFORMATION

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Dated June 18, 2018

X Christopher Adam Adduci  
Signature of a member or authorized representative of a member

Christopher Adam Addair  
Typed or printed name of signee