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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	JSTED DRYWALL LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	OSWALD F LOPEZ		
		Name of Person	
	OUTSOURCE BUSINESS	S SOLUTIONS, LLC	
		Firm/Company	<del>.</del>
	5110 S. FLORIDA AVE,	STE. 108	
		Address	
	EAKELAND, FL. 33813		
		City/State and Zip Code	
	ozlopez@hotmail.com		
For further information c	oncerning this matter, please c	to be used for future annual report no all:	offication)
JESUS MONTENEGRO	)	863 241-8198 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	autian
Registration S Division of C		Registration S Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5

J M R TRUSTED DRYWALL, L			200
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited	Liability Company	were filed on 06/05/2018	23 and assigned
Florida document number L18000139178			
This amendment is submitted to amend the following	llowing:		7.16
A. If amending name, enter the new name	of the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE		N/A/	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)	N/A	
B. If amending the registered agent and/or	_	address on our records, <u>e</u>	nter the name of the new register
agent and/or the new registered office addr	ess here:		
Name of New Registered Agent:	OUTSOURCE	BUSINESS SOLUTIONS, I	.LC
New Registered Office Address:	5110 S. FLORI	IDA AVE, STE. 108	
		Enter Florida street a	ddress
	LAKELAND		. Florida <u>33813</u>
		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>	Address	Type of Action
MGR	YURISBET AGUILAR	208 CENTRAL AVE	
		FROSTPROOF, FL. 33843	Remove
MGR	JESUS MONTENEGRO	208 CENTRAL AVE	□Change □Add
		FROSTPROOF, FL. 33843	Remove
			☐ Change
			□ Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
		Remove	
		□ Change	
-			□Add
			□Remove
			Characa Characa

E. Effective date, if other than the date of filing:  (Optional)  (It'an effective date, if other than the date of filing:  (It'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)  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.  If the record specifies a delayed effective date, but not an effective time, at 12,01 a.m. on the earlier of: (b) The 90th day after the executed is filled.  Dated  Dated  JULY 21  2020  Typed or promed name of signer  ROOK IG UE 2  Typed or promed name of signer	THSES CHANGES RI	EFLECT THE FACT THAT THIS COMPANY WANTS TO BE CLASSIFIED AS A
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Signature of a member or authorized representative of a member  JESUS MONTENEGRO RODRIGUEZ		Clerux Aloudouserus
JESUS MONTENEGRO RODRIGUEZ	<del></del>	Signature of a member or aumorized representative of a member
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