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T. CLINE

AUG-6 2018

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
DRYWAI SUBJECT:	LL CH LLC		
SUBJECT:	Name of Lin	nited Liability Company	<u> </u>
The enclosed Articles of	of Amendment and fee(s) are sub	bmitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	RONALD CHIRINOS		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	. 0
	usr	Firm/Company	. '3
	2368 PEBBLE BROOK	RD	
		Address	
	KISSIMMEE, FL 34741		· · · · · · · · · · · · · · · · · · ·
	NANINACA@HOTMAIL.	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
RONALD CHINOS		407 520-8779 at ()	
Name	of Person		e 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)
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n ations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DRYWALL CH LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 07/23/2018	and assigned
Florida document number L18000176443	· ·	<i>5</i>
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the limit	ted liability company here:	
		. , 👼
he new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or	r the abbreviation "L'LEC."
Enter new principal offices address, if applicable:		• 🗓
Principal office address MUST BE A STREET ADDR	ESS)	
		2
Enter new mailing address, if applicable:		. .
Mailing address MAY BE A POST OFFICE BOX)		
Maning united MAT BE AT OST OFFICE DOLL		
. If amending the registered agent and/or registegistered agent and/or the new registered office addr		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
· ·	Enter Florida street address	
	Floric	ia

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
AMBR	NILO OQUENDO	2368 PEBBLE BROOK DR	Add
		KISSIMMEE, FL 34741	☐ Remove
		-	Change
			□ Remove
			☐ Change
			□ Remove
			☐ Change C.:
			□ Remove
			+ □ Change
	····		
			☐ Remove
			Change
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			□ Remove
			Change.

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Effective date, if other than t	he date of filing:	(optional) of filing or more than 90 days after filing.) Pursua	
(If an effective date is listed, the date is <u>Note:</u> If the date inserted in this document's effective date on the	s block does not meet the applicable sta	of filing or more than 90 days after filing.) Pursua atutory filing requirements, this date will no	nt to 605,0207 t be listed as
the record specifies a delay) The 90th day after the r	ved effective date, but not an e ecord is filed.	effective time, at 12:01 a.m. on the	earlier of
Dated	2018		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00