L18000249423

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do:	curnent Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

	istration Sedision of Cor				
SUBJECT:	WALL TEC	CH PRODUCTS, LLC			
SUBJECT.		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Greg Davis			
			Name of Person		
			Firm/Company		
		8600 NW 36 Ave			
			Address		
		Miami, Fl 33147			
			City/State and Zip Code		
		gregthegarbageman@gmail			
For further in	iformation ec	h-mail address: (oncerning this matter, please ca	to be used for future annual report not ail:	tification)	
Greg Davis			305 776-6473 at ()		
	Name of	Person	Area Code Daytin	ne Telephone Number	
Enclosed is a	check for th	e following amount:			
≡ \$25.00 F	iling 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)	
	ling Address		Street Address: Registration Se	ection	
Registration Section Division of Corporations		Division of Co			
P.C). Box 632	7	The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WALL TECH PRODUCTS, 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 _________ and assigned Florida document number L18000249423 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 "LLC." 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: New Registered Office Address: Enter Florida street address __. Florida _

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DAVIS, GREGORY R	8600 NW 36TH AVE MIAMI, FL 33147	□Add
			≡ Remove
			□ Change
AMBR	CONDARCO LAW FIRM PLLC	8600 NW 36TH AVE MIAMI, FL 33147	
			□ Remove
			Change
			□Add
			□ Remove
			Change
			□Add
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			□ Change
			□Add
			🗀 Remove
			Change
			□Add
			□ Remove
			Cl.Ch

NA		
e: If the date inserted in this I	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 block does not meet the applicable statutory filing requirements, this date will not be listed a Department of State's records.)7 (3) is the
ord specifies a delayed effect filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	2
June 30th	2020	
.u		
	Z14/	
	Signature of a member or authorized representative of a member	

MGR = Manager

or removed from our records:

Filing Fee: \$25.00