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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Name)	,
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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	<u> </u>	

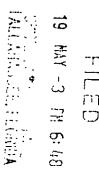
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MAY 1 5 2019 S. YOUNG



COVER LETTER

	ion Section of Corporations	
SUBJECT:	Le Bays Drywall and Stuceo LLC Name of Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.	
Please return all co	rrespondence concerning this matter to the following:	
	Carlos Martinez Name of Person	
	The Bays Divinall and Stucco UC.	
9	15415 Florida Breeze Lp. Address	
	City/State and Zip Code The bay salvy would and Stucco@amail.com E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report politication)	
For further informa	ation concerning this matter, please call:	
Carlos	Martinez at (8/3) \$30 - 133Ccc. Name of Person Area Code Daytime Telephone Number	
,	Name of Person Area Code Daytime Telephone Number	
Enclosed is a check	c for the following amount:	
☑ \$25.00 Filing F	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Le Boys Drywal (Name of the Limited	Liability Company Florida Limited Lia	y as it now appear ability Company)	rs on our records.)	 -	
The Articles of Organization for this Limited Liab	ility Company w				nd assign	ied
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of th	<u>ıe limited liabili</u>	ity company he	e <u>re</u> :			
The new name must be distinguishable and contain the word	ls "Limited Liability	y Company," the d	esignation "LLC"	or the abbreviat	ion "L.L.C	1.77
Enter new principal offices address, if applicable	le:			<u> </u>	<u></u>	
(Principal office address MUST BE A STREET A	<u>4DDRESS)</u>		_		- 1	-
					ယ်	
Enter new mailing address, if applicable:					- FE	<u> </u>
(Mailing address MAY BE <u>A POST OFFICE BO</u>	<u>)X)</u>		_	<u>ु</u> हुन	8,11,9	
B. If amending the registered agent and/or registered agent and/or the new registered offic			our records,	enter the n	ame of	the new
Name of New Registered Agent:	Carlos 1	Martinz				
New Registered Office Address:	15415 F1	Enter Flor	ida street address			<u>-</u>
	Wimaumo		, Flor	ida <u>33</u>	598	
		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 = Ma	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			□ Remove
			□ Remove
			☐ Change
			□ Remove
			☐ Change
		Remove	
			Change
			☐ Add
			□ Remove
			□ Change

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	To clarify my amendment, We would like for
	To clarify my amendment. We would like for myself, Carlos Martinez to be Sole Conner of
	11 Courtes 1 and Free 10 Bi John Children
	the company and Erika Martinez to be an
	authorized Agent / Manager.
	Thank you
(If an e	tive date, if other than the date of filing: 04/30/2019 (optional) ffective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	1 04/30 2019
	Signature of a member of authorized representative of a member
	Corles Martinez Typed or printed name of signee
	Typed or printed name of signec

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Filing Fee: \$25.00