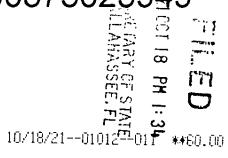
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COVER LETTER

Division of Corporations
SUBJECT: Jerson Drywall LLC Name of Limited Liability Company
Name of Elithiced Elability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jerson Quijada
Firm/Company
201 del Rio De
Quincy F1 32352 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jerson	カル	wall r				
(Name of the Limited L (A F	Jability Compan Torida Limited Li	ability Company)	on our records.)			
The Articles of Organization for this Limited Liabil	lity Company (were filed on(01/03/2	<u> 19</u>	and ass	igned
This amendment is submitted to amend the following	ng;					
A. If amending name, enter the new name of the	e limited liabi	lity company her	<u>·e</u> :			
Hills to Coast The new name must be distinguishable and contain the words		ty Company," the de		the abbrev	riation "L.	.L.C."
Enter new principal offices address, if applicable	e:					
(Principal office address MUST BE A STREET A	(DDRESS)					
Enter new mailing address, if applicable:					2021 001 18	
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>			ASSEE.	PH -	TI O
B. If amending the registered agent and/or regi agent and/or the new registered office address b		ddress on our re	ecords, enter th		<u>f the</u> ne	w registered
Name of New Registered Agent:						
New Registered Office Address:		Enter Flor	rida sıreet address			
			, Flor	ida		
		Ciry	 -		Zip Code	,
New Registered Agent's Signature, if changing Reg	gistered 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our regords:

MGR = Manager AMBR = Authorized Member Address Type of Action Title <u>Name</u> _______ Remove ______ Ochange ______ 🗀 Add □Remove ☐ Change ______ □Remove ______ □Remove ______ □ Change

Change

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an effective da ote: If the d	te is listed, the da ate inserted in (and cannot bot meet the	applicable s			nal) filing.) Pursuant to 605.020 date will not be listed a
record specit is filed.	ies a delayed e	ffective date, but	not an effec	ctive time, a	t 12:01 a.m. on the e	arlier of: (b)	The 90th day after the
ated <u>O</u> C	1-18-	21	· -	· · ·			
	1	H			representative of a med		
		Signature o	of a member	or authorized	representative of a men	nber	
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