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(Requ	restor's Name)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Division of C	i Section Corporations		
eun irz		ANT DRYWALL, LLC		
SUBJEC	-1; <u> </u>	Name of Lin	nited Liability Company	
		of Amendment and fee(s) are sub	•	
Please re	turn all corre	spondence concerning this matter	to the following:	
		GRISELDA CARDENAS	S,EA	
			Name of Person	
		GC TAX & ACCOUNTIN	NG INC	
			Firm/Company	
		4181 WOODLAND CIRC	CLE	
			Address	
		DELAND, FL 32724		
		GCTAXPRO@GMAIL.CC	City/State and Zip Code DM	·-
		E-mail address: ((to be used for future annual report notif	fication)
For furth	er informatio	on concerning this matter, please c	all:	
GRISEL	.DA CARDE	NAS	386 747-6575 at ()	
	Nam	ne of Person	Area Code Daytime	e Telephone Number
Enclosed	l is a check fo	or the following amount:		
\$25.0	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)

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

UER-ZANT DRYWALL, LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L19000028862	Company were filed on 01/28/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
VER-ZANT DRYWALL, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
		725
	•	E E
Enter new mailing address, if applicable:		8 28 1455
(Mailing address MAY BE A POST OFFICE BOX)	-	THE P
		022 2
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
inew registered office Address.	Enter Florida street address	
	, Florida	
	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>	Name	Address	Type of Action
MGM	Angel de Jess Verdu	go 200 Bass Tra. 1	Add 🎢
		Crescent-City, FC3	
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ective date, if other than the d	ate of filing:	28/19	(optio	nal)
effective date is listed, the date must be: If the date inserted in this bloc	k does not meet the app	licable statutory fil	more than 90 days after t ing requirements, this	filing.) Pursuant to 605.020 date will not be listed a
ument's effective date on the Dep	artment of State's record	ds.		
record specifies a delayed e	effective date, but i	not an effective	e time, at 12:01 a	.m. on the earlier
he 90th day after the recor	d is filed.			
FEBRUARY 14	2019			
	 ,	<u> </u>		
Muz Albon				

Page 3 of 3

Filing Fee: \$25.00