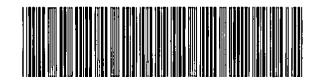
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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA



COVER LETTER

	rald Hansen Plastering LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.		
Please return all	correspondence concerning this matter to the following:		
	Gerald Hansen		
	Name of Person Gerald Hansen Plastering LLC		
	Finn/Company		
	3702 9th St W		
	Address		
Lehigh Acres, FL 33971-5107 City/State and Zip Code			
	E-mail address: (to be used for future annual report notification)		
For further infor	emation concerning this matter, please call:		
Gerald Hansen	Name of Person Area Code Daytime Telephone Number	_	
	Name of Person Area Code Daytime Telephone Number		
Enclosed is a ch	eck for the following amount:		
	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fe Certificate of Status Certified Copy Certificate of S (additional copy is enclosed) Certified Copy (additional copy is	Status &	

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

Gerald Hansen Plastering LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number L19000077798	pany were filed on 3/20/2019 and assigned
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 "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>s</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SSEE PROPERTY OF STATE OF STAT
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the nest here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Florida street daurens
	, Florida City Zip Code
	Cuy 24) Cuic

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>	<u>Name</u>	Address	Type of Action
AMBR	Chayl Hansen	1208 Barnsdale St Lehigh Acres, FL 33936	
			■ Remove
			Change
			Remove
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ective date, if other than the date of filing:	(optional)
effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing: E: If the date inserted in this block does not meet the applicable statutor furnities of the date on the Department of State's records.	ng or more than 90 days after filing.) Pursuant to 605.0
record specifies a delayed effective date, but not an effec he 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier
ed June 14 Yerold Hansen 2019	
Signature of a member or authorized represe	intality of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00