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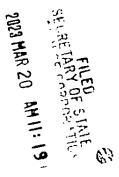
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

LINDA'S I SUBJECT:	DRYWALL SERVICES LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	·
Please return all correspondence	ondence concerning this matter	to the following:	
	SAUL VELEZ		
		Name of Person	
	B AND P CONSULTANT	'S SERVICES INC	
		Firm Company	
	3501 W VINE ST STE 31	(,	
		Address	
	KISSIMMEE FL 34741		
		City/State and Zip Code	
	LEMG5147@GMAIL.COM		
	ft-mail address; (	to be used for future annual report not	tification)
For further information of	concerning this matter, please e	all:	
SAUL VELEZ		407 8461040 at ()	
Name (	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LINDA'S DRYWALL SERVICES 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 

(13/06/2023 and assigned)

Florida document number 1.19000183694			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company here:		
MONTANO'S DRYWALL SERVICES LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
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)			
		<u> </u>	
B. If amending the registered agent and/or registered office a	ddress on our records	s, enter the name of the new registere	₫
agent and/or the new registered office address here:			
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	Enter Florida stre		
	Emer viorida stre	CC daaress	
		, 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

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>	<u>Address</u>	Type of Action
		<del></del>	□Remove
			⊡Add
			□Remove
			□Add
			□Remove
			⊡Change
			□Add
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Effective date, if other than the date of filing: 03/06/2023 (optional)  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing thursuant to 605/0207 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.  Dated  MARCH 4  2023  What is a member of a member or authorized representative of a member	. 111	<del></del>
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Dated		
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	S	Signature of a memory of authorized representative of a member
		Typed or printed name of signee

Filing Fee: \$25.00