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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name ; GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone : (407)843-8880 Fax Number : (407)244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FORGED FRAMING & DRYWALL LLC

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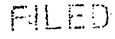
COVER LETTER

10.	Division of Co				
CHRIFC		ming &,Drywall LLC			
SUBJEC	···	Name of Line	ited Liability Company		
			•		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	turn all correspo	ondence concerning this matter	to the following:		
		Bradley F. White, Esq.			
			Name of Person		<u> </u>
		Gray Robinson, P.A.			
Name of Person					
		1795 West NASA Bouleve	ard		
			Address	·	
		McIbourne, Florida 32901			
		hand subject Carass ashiosan	- ·		
٠.		- - · · ·		report notification)	
For furthe	er information o				
Bradley I	F. White		_	7-8100	
	Name 6	f Person		Daytime Telephone	Number
Enclosed	is a check for the	he following amount:			
\$ 25.0	O Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	(Cosed)	Certificate of Status & Certified Copy
	MAIL	ING ADDRESS:		COURIER ADDR	ESS:
		ration Section on of Corporations		on Section of Corporations	
		· · · · · · · · · · · · · · · · · · ·			

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Forged Framing & Drywall LLC		2819 OCT 1	Pb多时
(Name of the Limited Liability Compa	DY AS IT GOW ADDERTS	on our records.)	
(A Florida Limited L	iability Company)	FALLAHASI	SEE FUUNT
The Articles of Organization for this Limited Liability Company	were filed on July	22, 2019.	and assigno
Florida document number L19000186942		•	
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the limited liabi	lity company her	:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the des	ignation "LLC" or the ab	previation "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)			•
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter</u>	the name of th
Name of New Registered Agent:			
New Registered Office Address:			
New Telegrated Office / New York	Enter Florid	•	
·		, Florida	
	City		Zip Code
Yew Registered Agent's Signature, if changing Registered Agent;			
hereby accept the appointment as registered agent and agreen provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as posing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of m provided for in Ch	ry duties, and I am fo apter 605, F.S. Or,	amiliar with an if this documen
If Chan	ging Registered Ager	nt, Signature of New Re	ratered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Act
Pres.	Michael Crisafulli	417 5th Avenue Indialantic, Florida 32903	Add
			Remove
			Change
			
,	•		Remove
			Change
			D Add
			□ Remove
			☐ Change
			Rcmave
			Change
			Add
		·	Remove
			Change
			Add
			☐ Remove
			Change

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	ctive date, if other than the date of filing: (optional) (iffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable stanutory filing requirements, this date we ment's effective date on the Department of State's records. (ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of e 90th day after the record is filed.	_
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and care Note: If the date inserted in this block does not meet document's effective date on the Department of State (If the record specifies a delayed effective date (b) The 90th day after the record is filed.		
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Note	ctive date, if other than the date of filing: (optional) effective 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 the list inserted in this block does not meet the applicable statutory filing requirements, this date will not be liment's effective date on the Department of State's records.	505.02 isted
the r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ease 90th day after the record is filed.	riter
Date	od October 16 2019	

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Typed or printed name of signee

Filing Fee: \$25.00