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| Certified Copies | _ Certificates | of Status |
| Special Instructions to I | Filing Officer: | |
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COVER LETTER

| PTO CON SUBJECT: | STRUCTION SERVICES LLC | : | |
|----------------------------|--|---|--|
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | JOSE R. BARRIOS | | |
| | | Name of Person | |
| | PTO CONSTRUCTION S | SERVICES LLC | |
| | | Firm/Company | |
| | 18225 NW 73RD AVE AI | PT 108 | |
| | | Address | |
| | HIALEAH, FLORIDA 33 | 015 | |
| | jimenezaccounting@gmail. | City/State and Zip Code | |
| | | to be used for future annual report notil | ication) |
| For further information of | concerning this matter, please c | all: | |
| JOSE R. BARRIOS | | 954 251-2065 at () | |
| Name (| of Person | | e 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) | □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |

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, FI, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PTO CONSTRUCTION SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)

| (A Florida L | imited Liability Company) | |
|---|---|--------------------------------------|
| The Articles of Organization for this Limited Liability Cor | mpany were filed on 08/27/201 | and assigned |
| Florida document number 1.19000219147 | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| BARRIOS DRYWALL OF FLORIDA LLC | | |
| the new name must be distinguishable and contain the words "Limite | d Liability Company." the designation | or "LI C" of the previation. "LI C." |
| Enter new principal offices address, if applicable: | | And of the second |
| Principal office address MUST BE A STREET ADDRE | <u></u> | T T |
| | | |
| | | <u> </u> |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or registe registered agent and/or the new registered office addre | red office address on our r ss here: | ecords, enter the name of the |
| | M. III. | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | Enter Florida stree | t address |
| | | Mastas |
| | Cuy | , Florida 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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|-------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Effective d | ate, if other th | van the date o | of filing: | | | (option | alì | |
| (If an effective Note: If the | date is listed, the | date must be spec n this block doe | cific and cannot as not meet the | be prior to date e applicable st | of filing or more th | ian 90 days after fil | ing.) Pursuant to 605, ate will not be liste | .020 7 2 d as 1 |
| the record) The 90t | specifies a c h day after t | elayed effect he record is | ctive date, i filed. | but not an e | effective time | , at 12:01 a.r | n. on the earlie | er of |
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| Dated OCT | | 00 | ロ(フ | | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00