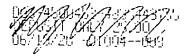
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AUG 0 4 2020

COVER LETTER

Division of Co		b	
ADR WA	ALL SYSTEMS, LLC	•	
SUBJECT:	Name of Line	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
	condence concerning this matter	_	
	Karan Ten Broeck		
		Name of Person	
	ADR Wall Systems, LLC		for filing. following: Name of Person Firm/Company Address State and Zip Code ed for future annual report notification) at (
		Firm/Company	
	2831 SE 17th ST		
		Address	Address Address Address Address Address Address Aca Code Daytime Telephone Number S60.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Ocala, FL 34471		
	ktenbroeck@adrwallsystem	City/State and Zip Code	
Don Contley in to Comment		•	ication)
	concerning this matter, please c	au;	
Karan Ten Broeck		at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy
Mailing Addre		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADR Wall Systems, LLC

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

(A Florida Limi	ted Liability Company)		
The Articles of Organization for this Limited Liability Comp	any were filed on 03/26/20	020 aı	nd assign ed
Florida document number 1.19000298306			IJ.
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	iability company here:		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designa	tion "LLC" or the abbreviati	ion "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 offi agent and/or the new registered office address here:	ce address on our record	s, <u>enter the name of th</u>	e new registered
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			
	Enter Florida str	ret address	
·		Florida	Code
	City	Zip (Tode
New Registered Agent's Signature, if changing Registered Age	nt:		
, , , , , , , , , , , , , , , , , , ,			

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 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
PRESIDE	Charles Scott Rollins	2831 SE 17th ST	□ Add
		Ocala, FL 34471	
			□Add
			□Remove
			
			□Remove
			□ Remove
			Change
		-	
			□Remove
		-	□Change
			□Add
			□Remove
			□Change

					
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this block document's effective date on the Defective date.	ock does not meet	the applicable statu	filing or more than tory filing requir	(optional) 90 days after filing, ements, this date) Pursuant to 605,0207 (will not be listed as t
e record specifies a delayed effective d is filed.	e date, but not an e	ffective time, at 12	:01 a.m. on the e	arlier of: (b) The	e 90th day after the
Dated June 17		020			
Dated Communication of the Com					
VOIGHVVVV	WY				

Filing Fee: \$25.00