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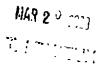
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TO:

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: Registration Section Division of Corpo			
SUBJECT: J. A	DRYWALL F	HANGERS LLC ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Julio C. Gira	aldo Lara Name of Person	
	J.A. DR	YWALL HANGERS	LLC
	1840 SW	73 CT PD Address	
	MÌAMI FI	33155 City/State and Zip Code	<u> </u>
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information cor	cerning this matter, please ca	all:	
Julio C. Gira Name of I	1do Lara Person	at (954) 347 Area Code Daytime	- 5615 Telephone Number
Enclosed is a check for the	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 Se		Street Address: Registration Sec	tion

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

J. A Drywall	langer LL(
(Name of the Dimited Liability Comp (A Florida Limited	any as it now/appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L.L.C." 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) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the fiame of the new registered
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Ch	anging 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>	Name	Address	Type of Action
MGR	Julia C. Giraldo Larg	18410 SW 73 CT RD MIAMI F1 3315	<u>:S</u> (DAdd
			□Remove
			□Change
			□Add
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Filing Fee: \$25.00