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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Vitsaular Drywall Savices LC Name of Limited Liability Company
Name of Emmedicating Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Juan C. Guillen Reyes
Vitsamar Drywall Sovices CCC
451 NW Raverswood La
Port St. Lucie, FL 34983
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (712) 207-8382 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\sum \text{\$\$S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\sum \text{\$\$Certified Copy (additional copy is enclosed)}\$
Test)
Mailing Address: Street Address: Desired to the second of the second o
Registration Section Registration Section Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vitsamas Drywall	Services LCC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company	were filed on 3/5	2020 and assigned
Florida document number <u>L2 0000072768</u> .	ł	20
This amendment is submitted to amend the following:		9720 HAR
A. If amending name, enter the new name of the limited liab	oility company here:	23 PM
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	للونة LLC" or the abbreviation للونة LLC. والمستقطعة المستقطعة المستقطعة المستقطعة المستقطعة المستقطعة المستقطعة
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:	address on our records, <u>er</u>	ter the name of the new registered
	_	
Name of New Registered Agent:		
•		
New Registered Office Address:	Enter Florida street do	dress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	1	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 6	s, and I am familiar with and 95, F.S. Or, if this document is

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>	Address	Type of Action
AMBR	Juan C. Guillen-Reyes	451 NW Ravenswood Ln Port St. Lucie, FL 3499	🗆 Add
	1	Port St. Lucie, FL 3499	Remove
			X Change
			□Add
			□Remove
			□Change
		□Add	
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change

_	Added second last name (leves) to reflect I.D.
	and changed title to ANBR to reflect
_	ouvoir lip às a Mamber
	
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_	
Note: 1	re date, if other than the date of filing:
he record ord is file	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 d.
Dated _	March 20th. 2020.
	
	Signature of a member or authorized representative of a member
	Tom C. Cuillen Reves Typed or printed name of signee