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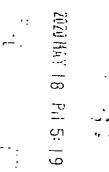
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
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| DRYWAL | L+EXCEL LLC | | .0 |
| SUBJECT: | | ₩, | |
| | | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | FRANCISCO BARRERA | N | |
| | | Name of Person | |
| | DRYWALL PLUS REMO | ODELING LLC | |
| | | Firm/Company | |
| | 604 SW KROMETER R | EAR | |
| | | Address | |
| | HOMESTEAD, FL 33030 | 0 | |
| | francisco.barrera7@ gmail. | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report no | titication) |
| For further information c | oncerning this matter, please c | all; | |
| FRANCISCO BARREI | RA | 786 602-6415 | |
| Name o | of Person | at () Area Code Daytii | me Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed: | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Addres</u> Registration : | | Street Address: Registration S | ection |
| Division of C | | Division of Co | |
| P.O. Box 632 | | The Centre of | |
| Tallahassee, | FL 32314 | 2415 N. Monro | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRYWALL + EXCELLIC

2020 KAY 18 PH 5: 19

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ ___ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DRYWALL PLUS REMODELING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address 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:

| or removed from our recor | <u>ds</u> : | | |
|--|-------------|----|--|
| MGR = Manager AMBR = Authorized Mem | ıber | ;1 | |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ffective date, if | if other than the date of filing: (option: | (1 <i>)</i> |
| an effective date is | is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fili | ng.) Parsuam to 605,0207 (3 |
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