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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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2022 OCT 31 PM 3: 16 SECRETARY OF STATE TALLAHASSEE, FL

TIND

COVER LETTER

TO: Registration So Division of Cor			•
	Drywall LLC		
SOURCE.	Name of Lin	nited 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:	
	Taylor Ziegler		
		Name of Person	
	Central Fl Drywall LLC		
		Firm/Company	
	100 Terra Mango Loop B		
		Address	
	Orlando, Fl 32835		
	info@centralfldrywall.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
For further information ed	oncerning this matter, please ca	all:	
Taylor Ziegler		407 2861241	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed.
Mailing Address Registration S		Street Address: Registration Sect	ion

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

Central Fl Drywall LLC (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 $\frac{01/19/21}{2}$ _____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 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.

City

, Florida

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
MGR	Taylor Ziegler	839 Panical Drive	
		Apopka Fl 32703	
			□Change
MGR David Torres	David Torres	4201 Needle Palm Ct	\(\vec{\vec{\vec{\vec{\vec{\vec{\vec{
		St Cloud, FI 34772	Пенюve
			□Change
MGR George Ziegler	George Ziegler	107 E 2nd Ave	= Add
		Windermere, FI 32703	
			☐ Change
			□Add
			□Remove
			☐ Change
			∐Add
		□Remove	
			□Change
			∐Add
			□Remove
			□ Change

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D Dec	this data if athorshop the data of filing.
(If an e	etive date, if other than the date of filing: (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
<u>Note</u>	i If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
If the reco	ord 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
record is	
	$\frac{10}{27}$. 22
	1 - 10/2, 22 .
Date	
Dated	Signature of a member or authorized representative of a member

•

Filing Fee: \$25.00