121000049152

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Dc	ocument Number)	
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2022 APR 11 AH 7: 29 SECRETARY OF STATE TALLAHASSEF E

O SIMMONS APR 2 7 2022

COVER LETTER

	egistration Sec ivision of Corp			
		YWALL REPAIR LLC		
SOBJET	·	Name of Lim	ited Liability Company	
The enclose	ed Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please retur	m all correspor	ndence concerning this matter	to the following:	
		ESPERANZA CARIDAD	DE SANCHEZ	
			the following: E SANCHEZ Name of Person Firm/Company Of Address City/State and Zip Code il.com e used for future annual report notification) at (
			Firm/Company	
		4126 NW 88TH AVE APT	7 201	
			Address	
		CORAL SPRINGS FL 330	065	
			City/State and Zip Code	
		esperanzam_caridadm@hot		
For further	information co	n-mail address: (·	cation)
ESPERAN	ZA CARIDAE	DE SANCHEZ		
	Name of	Person		Telephone Number
Enclosed is	a check for the	following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 APR 11 AM 7: 29 SECRETARY OF STATE TALLAHASSEE, FL

HOME DRYWALL REPAIR 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 Liabilit Florida document number $\frac{L21000049152}{L21000049152}$	ty Company wer	re filed on 01/27/20	21	_ and assigned
This amendment is submitted to amend the following	<u>3</u> :			
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 C	ompany," the designa	tion "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>			
(Principal office address MUST BE A STREET AL	<u>DDRESS)</u>			
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE BOX	Ω		2	
B. If amending the registered agent and/or registered agent and/or the new registered office address her		ess on our record	s, <u>enter the name (</u>	of the new registered
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		Enter Florida str	eet address	
		City	, Florida	Zip Code
New Registered Agent's Signature, if changing Regist	tered 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 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	MARIO A ALOMZO TOVAR	4126 NW 88TH AVE No 201 CORAL SPRINGS FL	.3 □Add
			= Remove
			Change
			_ 🗆 Add
			□Remove
			_ □Change
			_ □Add
			_ □Remove
			_ Change
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ffective date, if other than the case effective date is listed, the date must stote: If the date inserted in this bloocument's effective date on the Dep	late of filing:	cable statutory filing req	(optional) nan 90 days after filing.) Purst juirements, this date will n	uant to 605.0207 not be listed as
record specifies a delayed effective I is filed.	date, but not an effective t	time, at 12:01 a.m. on th	e earlier of: (b) The 90th	i day after the
FEBRUARY 23 pated	2022			
• 4	Sperama 6	and dad norized representative of a	member	

Filing Fee: \$25.00