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Division of Corporations

Florida Department of State 379 Efficiency Filth Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : WF TAXES AND MORE INC.

Account Number : 120200000043 Phone : (772)879-0010 Fax Number : (772)281-5520

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Wftaxcs. office @ gmail. Com

: 1 Mill: 43

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DRYWALL & FINISH & SOLUTIONS LLC

| Certificate of Status | 1 |
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| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$30.00 |

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Corporate Filing Menu

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COVER LETTER

| TO: | Registration S Division of Co | | | "· · · · · · · · · · · · · · · · · · · | |
|---------------------------|----------------------------------|---|--|--|--|
| SUPIE | | L & FINISH & SOLUTIONS | LLC | | |
| SUBJECT: | | | | | |
| The encl | osed Articles of | Amendment and fee(s) are sul | bmitted for filing. | | |
| Please re | tum all corresp | ondence concerning this matter | to the following: | | |
| | | HEBER J MERAZ | | | |
| | | | Name of Person | , | |
| | | DRYWALL & FINISH & | SOLUTIONS LLC | | |
| | | | Firm/Company | | |
| 3318 ORANGE AVENUE LOT# 4 | | | | | |
| | | | Address | | |
| | | FORT PIERCE, FL 34947 | • | | |
| | | | City/State and Zip Code | | |
| | | wflaxes.office@gmail.com | | | |
| | | E-mail address: (| to be used for future annual report no | tification) | |
| For furth | er information o | concerning this matter, please c | all: | | |
| HEBER. | J MERAZ | | 772 400-7569 | | |
| | Name o | f Person | | ne Telephone Numb u | |
| Enclosed | is a check for the | he following amount: | | | |
| ≣ \$ 25.0 | 00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | Mailing Address | - | Street Address: | | |
| | Registration S Division of C | | Registration Se Division of Co | | |
| | P.O. Box 632 | | The Centre of T | | |
| 7 | Γallahassee, I | FL 32314 | 2415 N. Monro | e Street, Suite 810 | |

Tallahassee, FL 32303

Φ

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DRYWALL & FINISH & SOLU | | |
|--|--|---|
| (Name of the Lin | nited Liability Company as it now appe (A Florida Limited Liability Company | ars on our records,) |
| The Articles of Organization for this Limited | Liability Company were filed on _ | 01/27/2021 and assigned |
| Florida document number L21000049379 | <u></u> , | |
| This amendment is submitted to amend the fo | llowing: | |
| A. If amending name, enter the new name | of the limited liability company | her <u>c</u> : |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the | designation "LLC" or the abbreviation "LLC" |
| Enter new principal offices address, if appl | icable: | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE | E BOX) | • - |
| | | < क्ष |
| | | .3 |
| 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 addr | ess nere: | - · |
| | IOST & CARSIA LOVO | ~; · · |
| Name of New Registered Agent: | JOSE A GARCIA LOBO | |
| New Registered Office Address: | 3318 ORANGE AVENUE LOT | #4 📆 |
| | Enter Flo | orida street address |
| | FORT PIERCE | , Florida ³⁴⁹⁴⁷ |
| | City | Zip Code |

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.

Jose Sayoa

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> | Name | Address | Type of Action |
|--------------|-----------------------|---------------------------|----------------|
| MGR | KERLIN O MERAZ GARCIA | 3318 ORANGE AVENUE LOT# 5 | |
| | | FORT PIERCE, FL 34947 | ■Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | []Change |
| | | | □Add |
| | | | □Remove |
| | | | ☐ Change |
| | A-FI | | □Add |
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| | | | □Remove |
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| | | | DAdd |
| | | | □Remove |
| | | | Change |

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| 2. Effective date, if other than the date of filing: [Optional] Of the 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 605,0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. If the record 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 coord is filed. Dated September 11 2023 Hebsey May 22 Signature of a member or authorized representative of a member HEBER J MERAZ | D. If amending any other info | | | | | |
|--|--|---------------------------|---------------------------------------|--|---|---|
| Effective date, if other than the date of filing: (If an 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 695.0207 (Note: If the date inserted in this block does not meet the applicable standory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. (the record 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 cord is filled. Dated September 11 2023 Here Y Area 2 Signature of a member or authorized representative of a member | | | | | | |
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| | HEBER J MERAZ | | | | | |