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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: Felix Drywall Installation LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Felix A Mesia Cordova Name of Person
Firm/Company
3415 North "5" St
Pensalula H 32505 Felix - Cordova-62 Hotmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Felix (or Du/A Name of Person at \$\frac{818}{Area Code} \frac{416-3933}{Daytime Telephone Number}
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

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

Felix Drywall Instru Name of the Limited Liability Con (A Florida Limit	Allation LLC	•
(Name of the Limited Liability Cor (A Florida Limi	mpany as it now appears on outed Liability Company)	r records.)
The Articles of Organization for this Limited Liability Comparing Landon 138374	any were filed on 36	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>
		2
Enter new mailing address, if applicable:		9
Mailing address MAY BE A POST OFFICE BOX)		Ä
		<u> </u>
		C E
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our record	s, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida stre	vet address
		, Florida
	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.

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 **Type of Action** Title Name **Address** MUR Ansilma Beatriz Mirarda Antonio wa 34 15 Mith "5" St Remove
Pensalola 11 32505 - Change _____ 🗀 Add Remove Remove

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Effective date, if other the figure of the f	n this block does	not meet the ap	oplicable statuto	ng or more than 9 ry filing require	(optional 0 days after filing ments, this date) g.) Pursuant to 605.02 g will not be listed
document 5 checure date (si die Departmen	. Of Giate 5 feet	J. 43.			
e record specifies a delayed rd is filed.	effective date, bu	it not an effect:	ve time, at 12:0	I a.m. on the ea	rlier of: (b) T	he 90th day after t
Dated Sept	16	20	<u>22</u> .			
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XI	WHI H		authorized repres-			

Filing Fee: \$25.00