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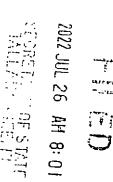
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A. EUTLER OCT 2 | 2022

COVER LETTER

TO:

	istration Se ision of Cor			
eud le c e.	DREW DR	YWALL CONSTRUCTION, I	LC	
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		ANDREW BISHOP		
			Name of Person	
			Firm/Company	
		180 NE 71ST AVE		
			Address	
		OCALA, FL 34470		
			City/State and Zip Code	
		drewdrywallconstruction@t		
		E-mail address: (to be used for future annual report noti	fication)
For further i	nformation c	oncerning this matter, please ca	ıll:	
ANDREW	BISHOP		352 425-1676	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 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)
	iling Addres gistration S		Street Address: Registration Se	ction
	_	forporations	Division of Cor	
P.0	D. Box 632	7	The Centre of T	Tallahassee
Ta	llahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F! ED

DREW DRYWALL CONSTRUCTION, LLC

2022 JUL 26 AM 8: 02

(Name of the Limited Lia	bility Company as it now appears on our recor-	<u>ds.)5[_5]7</u> 5
(A Flo	bility Company as it now appears on our recording Limited Liability Company)	TALLAH: WP 19TT
The Articles of Organization for this Limited Liabilit		
Florida document number L21000172846	,	
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
To a construction of the confliction		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registe		r the name of the new registered
agent and/or the new registered office address her	<u>:e</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	255
	, F	lorida
	City	Zip Code
N		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JAKE LEVI HOWARD JR.	5520 NE 7TH ST	
		OCALA, FL 34470	\exists Remove
			□Change
AMBR	MICHAEL Z WOODARD	4527 E LUCY CT	Add
		HERNANDO, FL 34442	□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
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ffective date, if other that an effective date is listed, the d Note: If the date inserted in locument's effective date or	ate must be specific a this block does no	and cannot be prior of meet the applic	able statutory filii	(opti nore than 90 days after ng requirements, thi	r filing.) Pursuant to 605.0207
record specifies a delayed of is filed.	Trective date, but t	not an effective t	ime, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
JULY 17		2022			
Dated					
Dated JULY 17 Apdreu) Bish	\sim		e of a member	

Filing Fee: \$25.00