## 121000250075

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

TO: Registration Sec Division of Corp			t.	<b>N</b>
SUBJECT: Dust	less Drywal Name of Lim	11 Repair Ser	vices, LL	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for tiling.		
Please return all correspon	idence concerning this matter	to the following:		
	David	SmitL Name of Person		
	Dustless D	Mall Repair	Services,	ILC
	339 Flor.	La Auc Address	<del></del>	
	Whater Go	City/State and Zin Code	4787	
	DD RS347	87@YAHOU. CO	ntification)	2024 FEB
For further information co	ncerning this matter, please co	all:		FEB 29
David Sm Name of	Person	at (407) 756 Area Code Dayti	me Telephone Number	PH 3: 10
Enclosed is a check for the	e following amount:			Li O
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section \$60.00 Filin  Certificate of Certified Contact	of Status &
Mailing Address Registration S Division of Co	ection orporations	Street Address: Registration S Division of Co	orporations	
P.O. Box 6327 Tallahassee, F		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810	)

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dustless Drywall  (Name of the Limited Liability Comp. (A Florida Limited)	Dany as innow appears on our re	vices, LLC
The Articles of Organization for this Limited Liability Compan Florida document number <u>2100250075</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia  West Orange Kitchen and  The new name must be distinguishable and contain the words "Limited Liab	Bath. LL	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Same	
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	Same	0. 7021 
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent: Sam	t	FATE
New Registered Office Address:	Enter Florida street aa	ldress
		, Florida
<del></del>	City	Zip Code
Many Division of Alexandric Company of the Company		

## 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>anter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Name Same		
			□ Remove
			□Change
	<del></del>	<del></del>	
		<del></del>	□ Remove
			□Change
			□ Add
			Remove 22 Change
			29
			Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change

NA	
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	2021 S T T T
	9H 3:
effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or measurement. If the date inserted in this block does not meet the applicable statutory filing ment's effective date on the Department of State's records.	ore than 90 days after filing.) Pursuant to 605
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of filed.	on the earlier of: (b) The 90th day after
Januar, 28th, 2024	
David Smith	of a member
Signature of a member or authorized representative	