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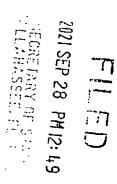
(Re	equestor's Name)	
(Ad	ldress)	
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- (Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		5/2021
	(0),)) /





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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Reliford De Name of Lim	Mall LLC ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Billy Re	Name of Person	Reliford
	Reliford	Datwall LC Firm/Company	
	1279 SW F	atticia Ave Address	
	Port St. Lu	City/State and Zip Code	
	Yell fordax	valla) a rovil, com	fication)
For further information of	oncerning this matter, please ca	all:	
Name o	Relifoxd Person	at (260) 402 d Area Code Daytim	9134 se Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

FILED

Reliford Dry (Name of the Limited Liability Company) (A Florida Limited)	2021 SEP 28 PH 12: 49 NA L C SECRETARY OF STATE ABILLY COMPANY) ALLAHASSEE, FLORE TALLAHASSEE, FLORE
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 2\0003\9459</u> .	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1279 SW Patricia Ave. Port St. Lucie, FL 34953
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1279 SW Patricia Ave. Port St. Lucie, FL 34953
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Additess.	Enter Florida street 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>1968</u>	Kelly Reliford	1279 SW Patricia Ave.	5d Add
	į	1279 SW Patricia Ave. Port St. Lucie, FL 34953	□Remove
			□Change
			□Remove
			Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			□Add
			□Remove
			□Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	My wife and I moved, so we are updating our address.
- 1	1/20, I am adding her (Kelly Reliford) as co-owner/manage
<u>۔</u>	our business Relitord Drywall LLC. I, Billy Reliford.
1	1) our passes to man and ite is commercingancer
<u>(</u>	on the owner/manager of my wife is co-owner/manager.
Ţ	Je need the articles of of organization to reflect our
_1	new address and both of our names. Thank you.
	Tease mail and/or email the updated articles of organization
	o relifordary vallagmail.com & kellycontrerasbilagmail.com
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_	
(If an effe Note:	ve date, if other than the date of filing:
the record	d 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 ed.
Dated	Sept. 25 2021
	Signature of a member or authorized representative of a member
	R.1/2 Reliable
	Typed or printed name of signee