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COVER LETTER

ŤΟ:	Registration Se Division of Cor						
ero iez	FLORIDA	KINGS DRYWALL LLC.	•				
SUBJEC	-I: <u></u>	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sul	bmitted for tiling.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		JOSE C RODRIGUEZ					
			Name of Person	**************************************			
	FLORIDA KINGS DRYWALL LLC.						
			Firm/Company				
		16305 COMPTON PALM	IS DR.				
			Address				
		TAMPA FLORIDA 3364	7				
			City/State and Zip Code				
		JRODGTO413@GMAIL.C					
		E-mail address: (to be used for future annual report not	ification)			
or furth	er information co	oncerning this matter, please c	all:				
OSE C	RODRIGUEZ		813 408-3123 at ()				
Name of Person Area Code Daytime Telephone Number			ne Telephone Number				
Enclosed	is a check for the	e following amount:					
		-	El ess oo eur er a	— #40 00 min			
<u> 323.(</u>	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

FLORIDA KINGS DRYWALL LLC		_2 +11 :
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our recorda Limited Liability Company)	<u>rdş.</u>)
The Articles of Organization for this Limited Liability	Company were filed on SEPTEMBER 0	o7, 2021 and assigned
lorida document number L21000395986	·	
this amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADE</u>	DRESS)	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register		r the name of the new regis
gent and/or the new registered office address here	:	
Name of Nixu Division of August		
Name of New Registered Agent:		-
New Registered Office Address:		
	Enter Florida street addr	ens
		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
MGR	JOSE C RODRIGUEZ	16305 COMPTON PALMS DR.	≣ Add
		TAMPA. FLORIDA 33647	□Remove
			□Change
			□Add
			□Remove
			□Change
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ective date, if other than the one effective date is listed, the date must te: If the date inserted in this blocument's effective date on the Department.	be specific and cannors ok does not meet the	ie applicable statuto	ing or more than 90 da ry filing requireme	(optional) ys after filing.) Pursuant nts. this date will not	to 605,0207 be listed as
cord specifies a delayed effective s filed.	date, but not an eff	fective time, at 12:0	l a.m. on the earlie	r of: (b) The 90th da	y after the
SEPTEMBER 23	202	21			
	Allen	>			

Typed or printed name of signee