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T. MATTHEWS NOV 1 9 2021

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Central Florida Dry Name of Limited Liability Compa	Mall, LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Paul McAte	<u>Se</u>
Central Florida Firm/Compa	Drywall, LLC
1800 Calle Buena	Vista
Deland, FL. 327 City/State and Zig	124 p Code
CFldryWall Damai E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	
Pau McAtre at (384) Name of Person Area Co	de Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Certificate of Status Certified C (additional co	-
Registration Section R Division of Corporations D P.O. Box 6327 T Tallahassee, FL 32314	egistration Section rivision of Corporations he Centre of Tallahassee 415 N. Monroe Street, Suite 810 allahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	Drywoll, 12th CV 10 PH 3: 19 ny as ithnow appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>La 10004372 62</u> .	were filed on <u>OCTODEC </u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the words "Liabil	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)	1800 Calle Buena Vista Deland, Fl. 32724
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1800 Calle Buena Vista Delana, Fl. 32724
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	anager uthorized Member		nu 3: 10	
<u>Title</u>	<u>Name</u>	Address	21 HOV 10 PH 3: 19	Type of Action
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