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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

Division of Corp	orations		
SUBJECT:	Dinpointdrywall Name of Limi	LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Andrew L	ecorchick	
		Name of Person	
	pin	pointarywall 116	
	1	' Firm/Company	
	305 A	Dalm Lane dr	
	1	Address	
		nter haven FL, 3 City/State and Zip Code	
	E-mail address: (t	proremode IIIC B Groot notification of the property of the pro	neation)
For further information cor	ncerning this matter, please ca	ill:	
Andrew Lea	orchick	at (863) 877-5 Area Code Daytime	60!
Name of F	erson	Area Code Daytime	e Telephone Number
Enclosed is a check for the	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)

TO:

Registration Section

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**

O'= notat de ywall lice

Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 3/14/22 and assigned Florida document number 22000/28640	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
All Pro Home Remodeling IC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevation "L.L.C."	_
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviaion "L.L.C."	_
Enter new principal offices address, if applicable:	_
(Principal office address MUST BE A STREET ADDRESS)	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- - -
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registe agent and/or the new registered office address here:	<u>ered</u>
Name of New Registered Agent: Andrew Lecorchick	_
Name of New Registered Agent: New Registered Office Address: Andrew Lecorchick 305A Palm Land 87 Enter Florida street address	-
City, Florida 3388 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 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
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			□ Remove
			□Change
			□Add
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record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.	r the
ited _	1/20/23	
	Signature of a member of authorized representative of a member	
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