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| (Re | equestor's Name) | |
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| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Na | me) |
| (Do | ocument Number) |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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1922 JUN - 7 PM 2: 46 DECNEJARY OF STATE TALLAHASSEE, FL

COVER LETTER

| TO: | Registration Se Division of Cor | | | | |
|-----------------|------------------------------------|--|---|--|--|
| end tea | | all-Bath & Plus LLC | | | |
| SUBJE | u: | Name of Lim | ited Liability Company | | |
| The encl | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | | |
| | | Eloy D Martinez | | Daytime Telephone Number See & S60.00 Filing Fee, Certificate of Status & | |
| | | | Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: by D Martinez Name of Person Firm/Company Address mpa/FL 33615 City/State and Zip Code dar89@gmail.com E-mail address: (to be used for future annual reporting this matter, please call: at (\frac{561}{Area Code}) \frac{501-938}{Data} wing amount: 30.00 Filing Fee & \$\square\$ \$55.00 Filing Fee & | | |
| | | | Firm/Company | | |
| | | 7730 Brettonwood Dr | | | |
| | | | Address | | |
| | | Tampa/FL 33615 | | | |
| | | **** | City/State and Zip Code | <u> </u> | |
| | | eloydar89@gmail.com | | <u> </u> | |
| | | E-mail address: (| to be used for future annual repo | rt notification) | |
| For furth | ner information c | oncerning this matter, please ca | all: | | |
| Eloy D | Martinez | | | 385 | |
| | Name o | f Person | | Paytime Telephon | e Number |
| Enclosed | l is a check for th | ne following amount: | | | |
| □ \$ 25. | .00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | Certified Copy | 1) | Certificate of Status & Certified Copy |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Tallahagasa El 22214

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 M. M. Comman C. ... 010

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 JUN -7 PM 2:46

ELOY DRYWALL - BATH & PLUS LLC

(Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company)

| | | mmodee, FL |
|---|--|---------------------------|
| The Articles of Organization for this Limited Liability Company | were filed on 5/02/2022 | and assigned |
| Florida document number L22000206726 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | ELOY D MARTINEZ | |
| (Principal office address MUST BE A STREET ADDRESS) | 7730 BRETTONWOOD DR | |
| | TAMPA, FL 33615 | |
| Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter the</u> | name of the new registere |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Liner Florida sireet daaress | |
| | , Florid | a |
| | 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 |
|--------------|-----------------|-------------------------------------|----------------|
| OWNER | ELOY D MARTINEZ | 7730 BRETTONWOOD DR, TAMPA FL 33615 | = Add |
| MGR | | | □Remove |
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| ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the D | date of filing: | the applicable sta | f filing or more than tutory filing requir | (optiona 90 days after filir ements, this da | or) Purculant to 60 | 5.0201 ted as |
| record specifies a delayed effectiv is filed. | e date, but not an e | ffective time, at 1 | 2:01 a.m. on the e | arlier of: (b) | The 90th day afte | er the |
| JUNE 2TH | 20 |)22 | | | | |
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