Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000142754 3)))



H230001427543ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

*Ent	er the	email	address	for	this	busin	ess	entity	to	be	used	for	futur
<u>}</u> -:(	annua	l repor	t mailin	gs.	Enter	only	one	email	add	res:	s ple	ase.	**

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VG DRYWALL SERVICES LLC

Certificate of Status	0
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M. SOLOMON

APR 1 9 2023

Electronic Filing Menu

Corporate Filing Menu

Help

To: 18506176383 From: 12147128131 Date: 04/18/23 Time: 1:49 PM Page: 02/04

(((H23000142754 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

uny as it now appears on our records.) Liability Company)	
y were filed on 08/09/2022	and assigned
bility company here:	
oility Company," the designation "LLC" or t	the abbreviation "E.I. C."
3203 Florida Boulevard	APR
Bradenton, FL, 34207	<u> </u>
	<u> </u>
3203 Florida Boulevard	PH [2: 52
Bradenton, FL, 34207	
address on our records, enter the	name of the new registered
	<del></del>
Enter Florida street address	
Enter Florida street address Florid	a
	3203 Florida Boulevard Bradenton, FL, 34207  3203 Florida Boulevard Bradenton, FL, 34207

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.

- To: 18506176383 From: 12147128131 Date: 04/18/23 Time: 1:49 PM Page: 03/04

(((H23000142754 3))) 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 = Man AMBR = Autl	ager horized Member				
<u>Title</u>	Name	Address	Type of Action		
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To: 18506176383 From: 12147128131 Date: 04/18/23 Time: 1:49 PM Page: 04/04

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D. It amending any other in	formation, enter change(s) here: (Attach additional sheet:	s, if necessary.)		
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Note: If the date inserted in	an the date of filing:    State   The date of filing of the specific and cannot be prior to date of filing or more than 90 described does not meet the applicable statutory filing requirement the Department of State's records	_ (optional) lays after filing ) Pursuant to o ents, this date will not be l	505,0207 isted as	(3)(b) the
If the record specifies a delayed e record is filed.	effective date, but not an effective time, at 12.01 a.m. on the earlie	er of. (b) The 90th day a	fter the	
Dated April 6th	Vula Januar			
	Signature of a member of authorized representative of a member			
	Victor Gonzalez  Typed or printed name of signee			