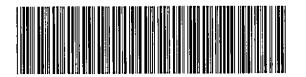
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Sec Division of Corp			
	WALL & REMODELING 1	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspon	dence concerning this matter	to the following:	
	Valentina Polania		
		Name of Person	
		Firm/Company	
	900 Clara ave 8306		
		Address	()
	Panama City Beach 32407		
		City/State and Zip Code	: 2
	onyxdrywallremoleling@gr E-mail address: (nan.com to be used for future annual report notific	cation)
For further information co	ncerning this matter, please of	all:	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
Harold Cely		407 9276737 at ()	. 4: 9
Name of	Person		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)

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

ONYX DRYWALL & REMODELING LLC

(<u>Name of the Limited Liability</u> (A Florida	y Company as it лом appears on our recor Limited Liability Company)	<u>(ds.</u>)
The Articles of Organization for this Limited Liability Co Florida document number 1.23000068228	ompany were filed on 07/23	and assigned
This amendment is submitted to amend the following:	_•	
A. If amending name, enter the new name of the limit	tad liability company baras	
ONYX DRYWALL LLC	ied naomey company nere.	/
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Andrew An		202
Enter new mailing address, if applicable:		- 1 <u>20</u>
(Mailing address MAY BE A POST OFFICE BOX)		ω
		<u>1917</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	ornce address on our records, enter	r the name of the new registere
New Registered Office Address:	Enter Florida street addre	hre.
	City , F	lorida Zip Code
New Registered Agent's Signature, if changing Registered	·	,
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, a ent as provided for in Chapter 605,	and I am familiar with and F.S. Or, if this document is
	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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□ Add
			□Remove
			Change
		<u> </u>	☐Change ☐Add
			☐ Remove .
			🗀 Add
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effective date is listed e: If the date insert	er than the date of filir I, the date must be specific ar ted in this block does not ate on the Department of	nd cannot be prior to date meet the applicable st	of filing or more than 90 da atutory filing requiremen	(optional) ys after filing.) Pursuant nts, this date will not b	to 605.03 se listed
cord specifies a dela filed.	nyed effective date, but no	ot an effective time, at	12:01 a.m. on the earlies	r of: (b) The 90th da	y after tl
ed		- Alandaria			
		VIAUMIL			
		110	epresentative of a member		

Filing Fee: \$25.00