# L23000119878

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## COVER LETTER

TO: Registration S Division of Co			
SUBJECT:F	L.S. Drywall & Name of Lin	Services LLC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	E <sub>20</sub>	equiel Lopez Servin	
	E.L.S.	Dowall & Sorvice	25 LLC
	15 Pope la	ne 32164 Address	
	Polm coas	St FL 32164 City/State and Zip Code	
	elocz 991 E-mail ddress:	80 aloo - com to be 163d for future annual report noti	fication)
For further information of	concerning this matter, please c	•	fication)
Ezoqu'el loger		at 1 386 ) 864-	
/ Name o	of Person	at ( <u>_<b>396</b>)</u>	e Telephone Number - '
Englosed is a check for t	he 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E.L.S. Drywall & senias LLC	
(Name of the Limited Nability Company as it now appears of (A Florida Limited Liability Company)	<u>n our records.</u> )
The Articles of Organization for this Limited Liability Company were filed on	8/07/33 and assigned
Florida document number <u>L 23 % 0011 9878</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
	<u>्</u>
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 or registered agent and/or the new registered office address here:	ir records, <u>enter the name of the n</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida	street address
	, Florida
City	Zip Code
New Registered Agent's Signature if changing Registered Agent	

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.

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

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
AMBR	Eduardo Lapez S.	15 Pope lane Palm coast FL	□ Add
		<u>32164</u>	Remove
			Change
MGR	Ezequiel Lapse	15 pge lan Or. Polm coast 32/64	
		FL	□ Remove
		<del></del>	<b>1</b> Change
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Tective date, if other than the date of filing:	ot be prior to date of fili he applicable statutor	ng or more than 90 days a	otional) fter filing.) Pursuant to 605.02 this date will not be listed
record specifies a delayed effective date, The 90th day after the record is filed.	, but not an effec	tive time, at 12:0	1 a.m. on the earlier
ted 06/23/23			
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Ezeguel Laz Ser			

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Filing Fee: \$25.00