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(Business Entity Name)
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COVER LETTER

TO: Registration Sec Division of Corp			ż
SUBJECT:	Drywall Name of Lim	Developer LLC ited Liability Company	
The enclosed Articles of :	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		cedes Villanueva	Menjivar
	MJV B	Siness Services Firm-Company	uc
	19631 SW	143 rd st. Address	
	Arc	ver F1 32618 City/State and Zip Code	
		eloperile & amail.	€ Control of the con
For further information co	oncerning this matter, please co	all:	
Mercedes V:1	lanueva Menjiva Person	1 at (353) 307 - (Area Code Daytim	o 751 c Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 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 O	RGANIZATION	्री विकास
Ol	F	°. 6
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.) liability Company)	AH 8: 20
The Articles of Organization for this Limited Liability Company	were filed on HOCI & 5, 2	ODS and assigned
Florida document number <u>L_23000 203 [689]</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or th	e abbreviation "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)		
to the state of th		e.,

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Mercedes Villanueva Menjivar
12621 SW 143rd St

Enter Florida street address

Archer Florida 32618

Zip Code

New Registered Office Address:

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
NGR	Mercedes villanueva	12621 SW 143 d St Archer	[]Add
	poreignos	F132618	Remove
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<u>_P</u>	Jeonany Castoneda Perlera	11390 NF 1134 PI	
	Per tera	Archer F1 32618	□Remove
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ed August	11	Flanto			

Filing Fee: \$25.00