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SUBJECT	JLP DRYW	ALL LLC							
SOBJECT	•	Name of Limi	ited Liability Company		_				
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.						
Please retur	n all correspor	ndence concerning this matter	to the following:						
		JORGE LEMUS PERLER	A						
			Name of Person						
		JLP DRYWALL LLC							
			Firm/Company						
		7127 FLOUNDER DR			SECH	2023 AUG 24			
			Address		#ET.	A UG	4		
		TAMPA FL 33617			ARCK O		***		
			City/State and Zip Code			PH	عنعم		
		JORGELEMUS14@GMAI				2: 3			
		E-mail address: (to be used for future annual report notified	ition)	FF	1/2			
For further	information co	oncerning this matter, please ca	all:						
JORGE LEMUS PERLERA		RA	813 3168157						
Name of Person		Person	Area Code Daytime T	elephone Nun	nber	_			
Enclosed is	a check for th	e following amount:							
□ S25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif	O Filing F ficate of S fied Copy onal copy is	itatus 8			
Mailing Address: Registration Section			Street Address: Registration Secti Division of Corpo						
Division of Corporations P.O. Box 6327			The Centre of Tal						
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JLP DRYWALL LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 08/11/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	2023 M SECR
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	bhreviation L.L.G.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		TIG 3
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the nam	ne of the new register
Name of New Registered Agent:	N	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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>	Name	Address	Type of Action
M.GR	JORGE LEMUS PERLERA	7127 FLOUNDER DR	□ Add
		TAMPA FL 33617	□Remove
		 	■ Change
			□Add
			□Remove
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ote: If the date inserted in this blo	ock does no	ot meet the appl	licable statu	ntory filing requ	irements, thi	s date wil	l not be l	isted as t
ocument's effective date on the Do	epartment c	of State's record	is.					
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record specifies a delayed effective is filed.	e date, but	not an effective	time, at 12	:01 a.m. on the	earlier of: (b) The 90	oth day a	fter the
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