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2024 APR 16 PH 3: 16 SECRETARY OF STATE TALL ASSASSES FL

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	ER DRYWI	411 Finish LLC	-
SUBJECT:		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Elvi	s RoHeNA	
		Name of Person	
	ER	DRYWALL FINISH	LLC
		Firm/Company	
	9238 W	rellstone Dr	
		Address	
	CANDO	LANES F1 346.	38
		City/State and Zip Code	
	ElvisTi	2 Avel a Yalfoo . co.	n & N
	E-mail address: (to be used for future annual report notifica	ition) SS S
For further information	concerning this matter, please c	all:	TEN TEN
Elvis 1	Roffe NA	at (913) 504-	7669 35 5
Name	of Person	Area Code Daytime T	clephone Number 16 PH 33 PS 60.00 Filing Fee, Certificate of Status &
Enclosed is a check for	the following amount:		··· o
\$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 Addre		Street Address:	
Registration Division of 0	Section Corporations	Registration Section Division of Corpo	
P.O. Box 63		The Centre of Tall	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ER DRYWAL	d Finish LLC
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u> くみ40000 4465</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	Professional Control of the Control
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	nie.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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
MOR	Elvis RoHeNA		ÆAdd
		CAND O LAKES F1346	.33 □Remove
			□Change
			□ Add
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Filing Fee: \$25.00