

L24000125609

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : S.LLANIO BUSINESS SERVICES INC
Account Number : I20200000011
Phone : (239)542-9104
Fax Number : (239)540-1760

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: S. Llanio business@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROLINE DRYWALL CONTRACTORS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PROLINE DRYWALL CONTRACTORS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 MAY -1 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/12/2024 and assigned
Florida document number L24000125609.

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1400 SW 22ND AVE

CAPE CORAL FL 33991

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1400 SW 22ND AVE

CAPE CORAL FL 33991

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:

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	LUCAS CESARIO	1400 SW 22ND AVE	<input checked="" type="checkbox"/> Add
		CAPE CORAL FL 33991	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2024 MAY 13 PM 11:45
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

