Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 : (323)389-0502 Fax Number

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

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN H&D DRYWALL AND PAINTING LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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Help

K. SALY

NOV - 1 2024

Registration Section

From: James Wiseman

TO:

COVER LETTER

Division of Cor	porations			
H&D DRY	WALL AND PAINTING LLC			
SUBJECT:				
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Mike Town			
				
		Name of Person		
	Legalzoom.com, Inc.			
		Firm/Company		
	0000 6			
	9900 Spectrum Dr			
		Address		
	Austin, TX 78717			
	Austin, 177 70717			
		City/State and Zip Code		
	howard@tropicsouthmanat	ge,com		
	E-mail address: (to be used for future annual report notic	fication)	
For further information c	oncerning this matter, please c	all·		
	encertaing this maner, preude c			
Mike Town		\$00 773-0888		
Name of Person		at () Area Code Daytime Telephone Number		
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	S55.00 Filing Fee &	☐ \$60.00 Filing Fee,	
	Certificate of Status	Certified Copy	Certificate of Status &	
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
MAILING ADDRESS:		STREET/COURI	FR ADDRESS:	
	ation Section	Registration Section		
	n of Corporations	Division of Corporations		
P.O. Bo	ox 6327	Clifton Building		
Tallaha	issee, FL 32314	2661 Executive Ce	mer Circle	

Tallahassee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



H&D DRYWALL AND PAINTING LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _09/19/2024 and assigned Florida document number 1.24000409563 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." 801 Douglas Ave Enter new principal offices address, if applicable: Suite 1004 (Principal office address MUST BE A STREET ADDRESS) Altamonte Springs, FL 32714 801 Douglas Ave Enter new mailing address, if applicable: Suite 1004 (Mailing address MAY BE A POST OFFICE BOX) Altamonte Springs, FL 32714 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 ___

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 hability company has been notified in writing of this change.

City

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

To.

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	DIXON, HOWARD A		
			☐ Remove
		801 Douglas Ave, Suite 1004 Altamonte Springs, FL 32714	■ Change
			☐ Remove
			Change
			A Removes
			Chainge P
			Remove
			Change
			Remove
			□ Change
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-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an offe Note:	ve date, if other than the date of filing: (optional) (ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	.0207 (3)(b) od as the
the rec) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed.	er of:
Dated_	10/15 , 2024	
	Signature of a member or authorized representative of a member	
	Howard Dixon	

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Filing Fee: \$25.00