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SECRETALL SALE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: AdolSo Flores Drywall, 1	.LC.
Name of Limited Liability Com	pany
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Adolfo Flores	
Name of Pe	FSON
Firm/Com	nany1 N3
	222 222
_ 53 Rue & Noo	A CARD
Audres	in the second se
Ruburndale Fl 3. City/State and I	3823
E-mail address: (to be used for futu	ustomaesian Com Br. 2
For further information concerning this matter, please call:	
Adalla dares 11939	252-5865
Name of Person Area C	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee S55.00 Fi Certificate of Status Certified (additional	
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adolfo Flores D() (Name of the Limited Liability Co	mpany as it now appears on our records.) ted Liability Company)	_ <del></del>
The Articles of Organization for this Limited Liability Comparida document number <u>L. 225002813870</u> .	any were filed on <u>balas</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		~ ^2
Principal office address MUST BE A STREET ADDRESS	D	22/
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		の2. T の2. の の3.
Enter new mailing address, if applicable:		inc.
• • • • • • • • • • • • • • • • • • • •		0:
(Mailing address MAY BE A POST OFFICE BOX)		<del> </del>
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the nan</u>	ne of the new registered
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 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
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	hodriquez	53 Ave & north _ Auburndale, Fl 35823	′□Remove
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ocument's effective	date on the Departr	nent of State's reco	rds.			
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Filing Fee: \$25.00