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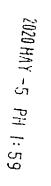
(Re	equestor's Name))
(Ac	ddress)	
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PICK-UP	MAIT	MAIL
(Ви	usiness Entity Na	me)
(Do	ocument Number	·)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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O SIMMONS

COVER LETTER

TO: Registration Section of Corp.			
SUBJECT: 050	D BUILDER	SILLC	
	Name of Limi	ted Liability Company	·
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	PAOLO	SERALINI Name of Person	
		Firm/Company	
	521 NE 6	IST	
	30110	Address	
	•		
	DAKLAND PARI	City/State and Zip Code	
		City/State and Zip Code	4
	SERAFINI 21	7 @ GMAIL . CON o be used for future annual report notifi	<u>/ </u>
			cation)
For further information cor	ncerning this matter, please ca	dl:	
Paplo SIDRA	Cini	at (954) 588 -C	989
Name of I	Person		Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	\$30.00 Filing Fee &	S55.00 Filing Fee &	☐ \$60.00 Filing Fee,
2325.00 t milg t ee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

050 BUILT	0000	-5 PM 1:59
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on o lorida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabil	ity Company were filed on <u>APP</u> 1731	09,2020 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L,C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	DDRESS)	
	 -	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
	-	
B. If amending the registered agent and/or regis agent and/or the new registered office address h		s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
-	City	, Florida 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:

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address 2020 HAY -5 Pil 1: 59	Type of Action
MBR	PROLO SERAFINI	521 NE 61 ST	_ XAdd
		DAMLAND PAUL, FL 33334	_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ Change
			_ □Add
			_ □Remove
			_ □Change
			_ □Add
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effective e: If th	ate, if other that date is listed, the date date inserted in t effective date on	ite must be specific this block does no	and cannot be t meet the a	prior to date of: pplicable statu	filing or more tha	n 90 days afte	r filing.) Pursua	
filed.	cifies a delayed ef				:01 a.m. on the	earlier of: (I) The 90th	day after th
ed	APRIL	30 ⁵⁴	. 202	<u>.</u>				