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COVER LETTER

TO: Registration Se Division of Cos			
SUBJECT:	SVRN BUIL	DER, LLC	•
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LEONARD	O V. QUITERIO Name of Person	
		Name of Person	
	SVRN B	UILDER, LLC	
		Firm/Company	
	6965 PIAZZA C	RANDE AVENUE - SU	1T€ 305
		FL 32835 City/State and Zip Code	
	E-mail address: (SOVEREIGNING, US to be used for future annual report noti	fication)
For further information of	concerning this matter, please c		
LEONARDO Name o	V. QUITERIO	at (407) 353 -	-9353 e Telephone Number
		•	•
Enclosed is a check for the	he following amount:		
\$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 Addres		Street Address:	
Registration !		Régistration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SVRN BI	JILDER	LLC	21 AUG -9 PH 3: 35
(Name of the Limited (7	Liability Con A Florida Limite	ipany as it now : ed Liability Comp	appears on our records.) pany)
The Articles of Organization for this Limited Lial Florida document number \(\bigcup 21 000 31 73 \)	oility Compa <mark>q</mark>	ny were filed (on $07/12/2021$ and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the new name must be distinguishable and contain the work.			
The new name must be distinguishable and contain the wor	ds "Limited Lis	ability Company.	
Enter new principal offices address, if applical	ole:	MA	
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	. -	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	<u>0X)</u>	NIA	
B. If amending the registered agent and/or regagent and/or the new registered office address		e address on	our records, enter the name of the new registered
Name of New Registered Agent:	NIA		
New Registered Office Address:		Lent-	er Florida street address
		11A	Florida Zip Code
		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 = Ma AMBR = Au	nager thorized Member	Address 21 AUG -9 PH 3: 36	
<u>Title</u>	Name	Address 21 AUG -9 PH 3: 36	Type of Action
AMBR	TT BUILDER, LLC	14400 SHOCKLACH DRIVE,	🗆 Add
		WINTER GARDEN, FL 34787	_ Remove
			□Change
<u>P</u>	IVAN FRANK CORREA	6965 PIAZZA GRANDE AVE.	_ ∯∀qq
		-SUITE 305, ORLANDO, FL 32835	□Remove
			□Change
NA	N/A	N/A	🗆 Add
			□Remove
	(/ ^		□Change
MA	N/A	NA	□Add
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an effec lote: T	we date, if other than to ctive date is listed, the date of the date inserted in this ent's effective date on the	nust be specific and block does not i	d cannot be prior to date meet the applicable s	e of filing or more than		
record Lis file	specifies a delayed effected.	tive date, but no	t an effective time, a	t 12:01 a.m. on the e	arlier of: (b) The 90t	h day after the
ated	AUCUST 03		<u> 2021</u> .			
_		11				
_			A .			
_		Signature of a	member or authorized	representative of a mer	nher	,
_		_	member or authorized	representative of a mer	nber	

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