M22000012725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

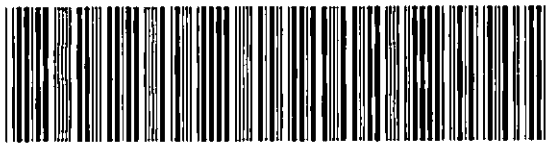
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300397347663

FILED
2022 NOV -8 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FL

2022 NOV -8 AM 10:22

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 11/08/2022

WALK IN

ENTITY NAME Artisan Rebuilders LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

_____	*Plain Copy*
XXXXX	*Certified Copy*
_____	*Certificate of Status*
_____	_____

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

_____	*Certified Copy of Arts & Amendments*
_____	*Certificate of Good Standing*
_____	_____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED $55

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. ***Thank you*** *so much!*

RESOLUTION TO WITHDRAW ALTERNATE NAME IN THE STATE OF FLORIDA PURSUANT TO 605.0906 (1), FLORIDA STATUTES

FILED
2022 NOV -8 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FL

I, the undersigned, do hereby certify that I am the Authorized Person of

Artisan Rebuilders LLC
(Name of Limited Liability Company), a limited liability company duly organized and existing under the laws of Delaware
(State or Country of Organization).

Because the name of this foreign limited liability company now satisfies the requirements of s. 605.0112, Florida Statutes, the limited liability company hereby renounces the following alternate name in the state of Florida:

Artisan Solutions LLC
(Alternate Name Renounced in State of Florida)

Signature of Authorized Person — Date: 11/7/2022

Make check payable to Florida Department of State and mail to:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E128 (2/14)