## L04000084870

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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
cubir	SOUTHEAST VOLUSIA BUILDING A	ND REMODELING LLC
SUBJE		nited Liability Company
The end	losed Articles of Amendment and fee(s) are sub	omitted for filing.
Please 1	eturn all correspondence concerning this matter	to the following:
	WILLIAM T FUNDERBU	JRK
		Name of Person
	SOUTHEAST VOLUSIA	BUILDING AND REMODELING LLC
		Firm/Company
	PO BOX 1406	
	<del>-</del>	Address
	EDGEWATER FL 32132	
	BUILDANDREMODEL@	City/State and Zip Code
	_	to be used for future annual report notification)
For furt	her information concerning this matter, please c	all:
WILLI	AM FUNDERBURK	386 689-9866 at ( )
<del></del>	Name of Person	Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:	
\$25	.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: 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

## SOUTHEAST VOLUSIA BUILDING AND REMODELING 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  $\frac{11}{23}/2004$ and assigned Florida document number  $\stackrel{\text{L}04000084870}{-}$ 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 City 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	LORI MARIE PHILLIPS	4620 HIDDEN ACRES DRIVE	■Add
		NEW SMYRNA BEACH FL 32168	□Remove
			□ Change
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record sp d is filed.	ecifies a delayed effe	ctive date, but no	t an effective t	ime, at 12:01 a.	m. on the earlier	of: (b) The 90t	h day after the
oated	VEMBER 11		> 2020				
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