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| PICK-UP | MAIT | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to F | filing Officer: | |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|---|
| | | | |
| SUBJECT: BILTM | ORE CONSTRUCTION | | |
| | Name of Lin | nited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | | | |
| | JEFF PARKER | | |
| | | Name of Person | |
| | BILTMORE CONS | TRUCTION, LLC | |
| | | Firm/Company | |
| | LOSS DANKS INC. | U/NA DI MIN | |
| | 1055 PONCE DE L | Address | |
| | | | |
| | BELLEAIR, FL 337 | 56 City/State and Zip Code | · |
| | JPARKER@BILTM | | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information co | oncerning this matter, please c | all: | |
| CD IDV DOCE | | | |
| CINDY ROSE_ Name of | Person | at (<u>727</u>) <u>585-2084</u> Area Code Daytim | e Telephone Number |
| | | | |
| Enclosed is a check for th | e following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy | ☐ \$60.00 Filing Fee, Certificate of Status & |
| | 351111 11113 | (additional copy is enclosed) | Certified Copy (additional copy is enclosed) |
| | | | |
| Mailing Address | | Street Address: | |
| Registration S Division of Co | | Registration Sec Division of Cor | |

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BILTMORE CONSTRUC | TION, LLC | | | |
|---|--|---|--|--------------------------|
| (Name of the Limit | ed Liability Compa (A Florida Limited L | <u>iv as it naw appe</u> iability Company) | ars on our resords.) | " 15 Pii 2: 08 |
| The Articles of Organization for this Limited L | iability Company | were filed on _ | 1/12/2005 ; | and assigned |
| The Articles of Organization for this Limited L | | | ************************************** | 11式程序 |
| This amendment is submitted to amend the following | owing: | | | |
| A. If amending name, enter the new name o | f the limited liabi | lity company h | <u>ere</u> : | |
| N/A | | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabili | ty Company," the | designation "LLC" or the | he abbreviation "L,L,C." |
| Enter new principal offices address, if applic | able: | N/A | | |
| Principal office address MUST BE A STREE | T ADDRESS) | | | |
| | | | | |
| Enter new mailing address, if applicable: | | N/A | <u> </u> | |
| Mailing address MAY BE A POST OFFICE | BOX) | | | |
| | | | . | |
| B. If amending the registered agent and/or r agent and/or the new registered office addres | • | ddress on our I | ecords, <u>enter the r</u> | name of the new register |
| Name of New Registered Agent: | TRAVIS PA | RKER | | |
| New Registered Office Address: | 1055 PONC | E DE LEON | | |
| | | Enter Flo | rida street address | |
| | BELLEAIR | | , 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 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 |
|--------------|--------------------|--------------------------|----------------|
| AMBR | TRAVIS PARKER | 1055 PONCE DE LEON BLVD. | CJAdd |
| | | BELLEAIR, FL 33756 | □Remove |
| | | | MChange |
| AMBR | WILLIAM PARKER | 1055 PONCE DE LEON BLVD. | □Add |
| | BELLEAIR, FL 33756 | MRemove | |
| | | □Change | |
| | | | |
| | | | □Remove |
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| Note: If the date | if other than the date of filing: | 0207 (3) d as the |
| the record specifies cord is filed. | s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | the |
| Dated | NOVEMBER 5 , 2024 Signature of unember or authorized representative of a member | |
| 4 | / / / / / / / / / / / / / / / / / / / | |

Filing Fee: \$25.00



October 25, 2024

JEFF PARKER 1055 PONCE DE LEON BLVD. BELLEAIR, FL 33756

SUBJECT: BILTMORE CONSTRUCTION, LLC

Ref. Number: L05000007146

We have received your document for BILTMORE CONSTRUCTION, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 424A00023592

Revised LLC Document attached.

