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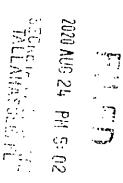
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· COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Sig	nature Builders Group,	LLC	
SOINECT.	Name of Lim	ited Liability Company	,
	Amendment and fee(s) are sub	_	
		Philip Colnon	
		Name of Person	 _
	Signa	ture Builders Group, LLC	
		Firm/Company	
	1420	Neptune Drive Suite N	
		Address	
	Boy	ynton Beach, FL 33426	
	-bili	City/State and Zip Code	_
		gnaturebuildersgroup.com to be used for future annual report not	
For further information of	oncerning this matter, please co	all.	
Philip Co	otnon	at () 929-8680)
Name o	f Person		e Telephone Number
Enclosed is a check for the	e following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	CI \$55.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Signature Builders	Group, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny sa it new annes Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on _	3/14/2005	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company h	er c :	
The new name must be distinguishable and contain the words "Limited Liabil	hity Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Francisco and described and the second and the seco			
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		_	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		n our records, <u>enter</u>	the name of the new
New Registered Office Address:			
	Enter Flo	rida street address	
		, Florida	
D. J. A. A. S.	City:		Zıp Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in	f my duties, and Lam Chapter 605, F.S. Or,	familiar with and if this document is
If Chan	iging Registered A	gent, Signature of New Ro	egistered Agemi

Page 1 of 3

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

Title	Nume	Address	Type of Action
MGR	Michael Benedetto	105 Poplar Street	
		Woodruff, SC 29388	_ В Кеточе
			□ Change
			□ Remove
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			Remove
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			D Add
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			☐ Change
			Add
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			Change

SECTAL PARTITION SHOW

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Page 2 of 3

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ffective dute,	, if other than the date	te of filing: (optional)
on affantana data	r is listed, the date must be s	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0
	te inserted in this block of active date on the Denart	does not meet the applicable statutory filing requirements, this date will not be listed rtment of State's records.
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ote: If the dat ocument's effe	ecifies a delayed eff ay after the record	ffective date, but not an effective time, at 12:01 a.m. on the earlier I is filed.
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inte: If the dat ocument's effe e record spe	July 30,	posture of a member or authorized representative of a member
ote: If the dat ocument's effe e record spe The 90th di	July 30,	2020 pasture of a member or authorized representative of a member Philip Colnon

Filing Fee: \$25.00

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