6000013451

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то:	Registration Se Division of Cor							
SUBJEC	COMVEST BUILDERS LLC							
SUDSEA	ÇI:	Name of Lim	ited Liability Company					
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	eturn all correspo	indence concerning this matter	to the following:					
		CARYN SENDERA						
			Name of Person					
		COMVEST BUILDERS L	I.C					
		Firm/Company						
	1625 N DAKOTA AVE NE							
		Address						
	ST PETERSBURG, FLORIDA 33703							
		ACCOUNTING@COMVE	STBUILDERS.COM to be used for future annual report notifi	certon				
Ear furth	ner information e	oncerning this matter, please co		Cation				
		oncerning this matter, prease et						
CARYN SENDERA			727 710-1738 at ()					
	Name o	fPerson	Area Code Daytime	Telephone Number				
Enclosed	d is a check for th	ne 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)				
		ING ADDRESS:	STREET/COURII Registration Section					

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMVEST BUILDERS 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 $\frac{02/06/2006}{1}$ and assigned Florida document number L06000013451 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." 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: STEPHEN ARMSTRONG Name of New Registered Agent: 4913 W LAUREL ST, SUITE B New Registered Office Address: Enter Florida street address

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.

City

TAMPA

If Changing Registered Agent, Signature of New Registered Agent

, Florida $\frac{33604}{}$

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		
			□ Remove		
			Change		
			Add		
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Effective date, if other than to fan effective date is listed, the date is Note: If the date inserted in this document's effective date on the	nust be specific and block does not n	cannot be prior to seet the applical	o date of filing or m ble statutory filin	(option ore than 90 days after f g requirements, this	iling.) Pursuant to 6	05,0201 sted as
ne record specifies a delay The 90th day after the r		ate, but not	an effective t	ime, at 12:01 a.	m. on the ear	lier o
Dated MAY 24TH		2018	_ •			
	/ .	_				

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Typed or printed name of signee

Filing Fee: \$25.00