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## **COVER LETTER**

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THWEST FLORIDA DREAM	и BUILDERS, LLC					
Name of Limi	Name of Limited Liability Company					
amendment and fee(s) are sub-	nitted for filing.					
dence concerning this matter	to the following:					
	Larry M. Cornell					
	Name of Limited Liability Company  fee(s) are submitted for filing.  Ing this matter to the following:  Larry M. Cornell  Name of Person  Firm/Company 133 Beryl Drive  Address  Rotonda West, FL 33947  City/State and Zip Code  (City/State and Zip Code					
180.000	Firm/Company					
	133 Beryl Drive					
	Address					
	Rotonda West, FL 33947					
	City/State and Zip Code					
LARZY CORN E-muil address: (1	EIII3 EC MAI	・さつい nt notification)				
ncerning this matter, please ca	ill:					
	at (941) 66	01 2072				
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□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy				
	Name of Limit Amendment and fee(s) are substituted and fee(s) are substituted address: (to neerning this matter. please called a person.  E-mail address: (to neerning this matter. please called a person.)	THWEST FLORIDA DREAM BUILDERS, LLC  Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  Larry M. Cornell  Name of Person  Firm/Company  133 Beryl Drive  Address  Rotonda West, FL 33947  City/State and Zip Code  LARRY CORNELL'S Ec. MAC  E-mail address: (to be used for future annual repondencerning this matter, please call:  at (941)  Person  at (941)  Area Code  I \$30.00 Filing Fee & Certificate of Status  Certificate Copy				

MAILING ADDRESS:

TO:

Registration Section

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 TO ARTICLES OF ORGANIZATION OF

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on "L.L.C."
2019 J.
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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

Title Name Address Type of Action MGRM CORNEll, LARRY M. \_\_\_\_\_\_ DAD ☐ Remove ADD MIDDE DYSTA Change MGRW CORNELL DANIEL RYAN DANIE \_\_\_\_\_ □ Remove CORRECT NAME OChange □ Add ☐ Remove ☐ Change ☐ Remove \_\_\_\_ □ Change ☐ Remove ☐ Change □ Add ☐ Remove

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Typed or printed name of signee

Filing Fee: \$25.00