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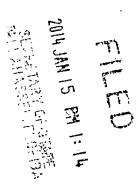
(Re	equestor's Name)	···
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Section Division of Corpor		•			
SUВЛ	ест:	Rel Builders Name of Limit	cd Liability Company			
The en	iclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.			
Please	return all corresponde	ence concerning this matter	to the following:			
		Maria	S. Williams Name of Person			
	-	Reel B	puilders, LLC Firm/Company			
		2010 N	JE 28th Street			
		Lighth	OUSE Point, FL City/State and Zip Code	33064		
	-	E-mail address: (to	risola reelbuilde o be used for future annual report notification	ers.net	2014 361	
For fu	rther information conc	erning this matter, please ca	all:			
	Name of Pe	Williams	at (<u>561) 789 - 937</u> Arca Code & Daytime Tel	ephone Number	2014 JAN 15 BH 1: 14	
	sed is a check for the f	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	sed)

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 TO ARTICLES OF ORGANIZATION OF

	Iders, LLC	
(Name of the Limited Liability (A Florida)	y Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L090009574</u>		2/09 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wor'L.L.C."	rds "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		20
Principal office address MUST BE A STREET ADDI	RESS)	
		PARPORT CONTRACTOR CON
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Fnter	Florida street address
	Linei	
	City	, Florida 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title** Name **Address** Add Remove Add Remove Add Remove Remove -i} Add Remove Add Remove

	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Changing titles of Managing members:
	Changing titles of Managing members: Maria S. Williams - Vice President
	Daxenos L. Williams - President
Dated_	1/11/14
_	Signature of a member or authorized representative of a member
	Maria S. Williams Typed or printed name of signee
	Page 3 of 3

Page 3 of 3

Filing Fee: \$25.00

2014 JAN 15 BM 1:15

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