L11000023561

(Re	questor's Name)	
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TO:

Tallahassee, FL 32314

	ration Secon of Corp		;	•	
	onceptual	Design Builders, LLC			,
SUBJECT:		Name of Limi	ted Liability Company		
The analoged A	rticles of	Amendment and fee(s) are subt	mitted for filing		
		ndence concerning this matter	_		
		Jolie A Sauerwald			
			Name of Person	.	
		Conceptual Design Builder	sz. LLC		
			Firm/Company		
		1687 N Flossmoor Rd			
			Address	 -	
		Fort Myers, Fl 33919			
			City/State and Zip Code		
		jjsauerwald@comcast.net E-mail address: ()	to be used for future annual	report notification)	
For further info	rmation co	oncerning this matter, please ca	all:		. ~
Jolie ASauerwa	ıld			0- 7576	ne Number
	Name of	Person	at () Area Code	Daytime Telephor	ne Number
Enclosed is a ch	neck for th	e following amount:			
■ \$25.00 Fili		☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy		\$60.00 Filing Fee. 22 Certificate of Status & Certified Copy
			, , , , , , , , , , , , , , , , , , , ,	,	(additional copy is enclosed)
	g Address tration S		<u>Street Ac</u> Registr	ddress: ation Section	
Divis	ion of C	orporations	Divisio	n of Corporation	
P.O. 1	Box 632	7	The Ce	ntre of Tallahas	see

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Conceptual Design Burders, LLC			
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)		
The Articles of Organization for this Limited Liability Company wer Florida document number <u>L11000023561</u> .	re filed on 2/24/2011	and as	ssigned
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 C	Company," the designation "LLC" or th	e abbreviation "	J.L.C."
Enter new principal offices address, if applicable:	 .		
(Principal office address MUST BE A STREET ADDRESS)			
_	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	 -		
B. If amending the registered agent and/or registered office addr	ress on our records, enter the n	ame of the no	ew registe
agent and/or the new registered office address here:		2921	
Name of New Registered Agent:			:7
		. 63	
New Registered Office Address:	Enter Florida street address	-3	
			لخمد -
	City	Zip G ode	,

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 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
MGR	Timothy Schendel	151 Blue Moon Ave, Lake Placid, Fl 33852	≡ Add
			□Remove
			Change
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			EJRemove
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ffective date, if other than the date of f an effective date is listed, the date must be specifi- lote: If the date inserted in this block does rocument's effective date on the Department	ic and cannot be prior to not meet the applica	o date of filing or mor able statutory filing	(optior e than 90 days after firequirements, this c	ling.) Pursuant t	o 605.02 e listed
record specifies a delayed effective date, but his filed.	t not an effective tin	me, at 12:01 a.m. on	the earlier of: (b)	The 90th day	after tl
ated November 19	, 2021				
_ ()	t				