

L110000023561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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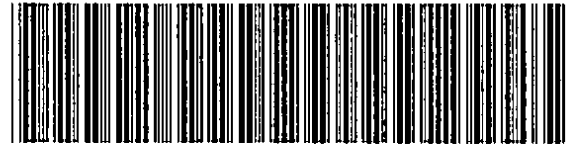
(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Conceptual Design Builders, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jolie A Sauerwald

Name of Person

Conceptual Design Buildersz, 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 information concerning this matter, please call:

Jolie ASauerwald

239 280-7576
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Conceptual Design Builders, LLC

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 19, 2021

Jim Sauerwald
Signature of a man

Signature of a member or authorized representative of a member

Jolie A Sauerwald

Typed or printed name of signee

Filing Fee: \$25.00