L12000088371

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

221 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:

Boyd Stracener

MGRM

Name of Person

221 Builders, LLC

Firm/Company

3206 S. Hopkins Ave #2

Address

Titusville, FL 32780

City/State and Zip Code

boyd.stracener@221builders.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Boyd Stracener

MGRM

___{at}(321₎412-0371

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Co A Florida Lim	ompany as it now appears on our record lited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited I Florida document number <u>L12000088371</u>	Liability Com	npany were filed on July 2, 2012	and assigned
This amendment is submitted to amend the fol	•		FILE 2013 NOV -6 SECRETARY TALLAHASSEE
A. If amending name, enter the new name of	of the limited	d liability company here:	ARRY 6
n/a			יו ט~ ייי
The new name must be distinguishable and end w "L.L.C."	ith the words	"Limited Liability Company," the designa	tion "LLO" on the Rorevillo ORIO 28
Enter new principal offices address, if appli	cable:	n/a	DE &
(Principal office address MUST BE A STRE	ET ADDRES	SS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>	n/a	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:			
		, Flori	da
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

221 Buildore H.C.

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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>		Type of Action
SEC	Elaine Stracener	3206 S. Hopkins Ave Ste2	Add
		Titusville, FL 32780	Remove
			_
			Add
			Remove
			-
		TALL AF	Add 3 NOV Remove
		ASSET C	6 1
		FLORIDA	PH IN TAXAD
		——————————————————————————————————————	Remove
	The Artifician section of the second law of the second delication of th		Add
			Remove
 .			Add
			Remove

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	11/4
•	
	Javanahan O. 2042
Dated N	November 2 2013
	30 DO agray
	Signature of a member or authorized representative of a member
	Boyd Stracener MGRM
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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