## \*L13000029356

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>9 #)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100255152701

01/06/14--01003--028 \*\*25.00

FILED
2011-JAN-6 PM 12: 24
SECRETARY OF STATE
SECRETARY OF STATE

K.SALY EXAMINER JAN 1 3 2014

## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: IM	ematimal Name of Limite	Builder Solued Liability Company	tion, LLC
The enclosed Articles of Am	endment and fee(s) are subt	mitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	Cle	Mame of Person	
		Firm/Company	<u> </u>
		rimivCompany	
	413 NW 10	OTEVACE Address	
	Miami	City/State and Zip Code	
-	Piewerleon E-mail address: (1	alphotmail Con	<u>V)</u>
For further information conc	erning this matter, please ca	પ્રા:	
Cleonan	1. Pierre	ai (786) 304-8	756
Name of Pe	rson	Area Code Davtime Tel	eohone Numoc
Enclosed is a check for the fo	ollowing amount:		
	□\$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

2014 JAN-6 PMR: 24 ARTICLES OF ORGANIZATION iability Company as it now appears lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Fiorida document number 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS: Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX: B. If amending the registered agent and/or registered office address on our records, enter the name of the new

registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida street adåress
	/	, Florida
	City	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 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

n amenung the managers or Authorized member on our records, enter the due, name, and address of each manager or Authorized Member being added or removed from our records:

<u> </u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Likemove
<del></del>		/	Add
		<u> </u>	Remove
<u>-</u>		<del></del>	Add
		<del>/</del>	Remove
			Add
			Remove
			iAdd
	,	/	Remove
			Add
	***************************************		

<i>D</i> . II AINENU	ing any other into mation, enter change(s) here: (Attach additional sheets, if necessary.)
,	
E. Effective	date, if other than the date of filing: (optional)  //e date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)
Dated	1/27/2, 2013.
	Signature of a member or authorized representative of a member    Compared to the compared of the compared to
	Typed of printed finite of signee

Page 3 of 3

Filing Fee: \$25.00