Division of Corporations Electronic Filing Cover Shect

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Account Name

: DICENSE EXAM SERVICES

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BUILT BY METZ, LLC

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From: Robin O'Connor

Fax: (866) 473-0571

To: +18506176383

Fax: +18506176383

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COVER LETTER

TO:

Registration Section Division of Corporations

BUILT BY METZ, LLC

SÜBJECT

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:

RICHARD METZ

Name of Person

BUILT BY METZ

Firm/Company

1616 GULF TO BAY BLVD

Address

CLEARWATER, FL 33755

City/State and Zip Code

RICK@BUILTBYMETZ:COM

E-mail address; (to be used for future annual report nonfication)

For further information concerning this matter, please call:

RICK METZ

,727 ,656-1772

Name of Person

Area Codo & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

U\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS: Registration Section

Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUILT BY METZ, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our reco	rds.
The Articles of Organization for this Limited Liability Com Florida document number <u>L13000085851</u>		and assigned
This amendment is submitted to amend the following:		→ (:
A. If amending name, enter the new name of the limited	3 liability company here:	TWHYS COVE 15
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the design	inc
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>55)</u>	7: 3g
Enter-new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, is here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	rees address
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	

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 Chopter 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

From: Robin O'Connor

MGR = Manager

To: +18506176383

Fax: +18506176383

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:

MGRM = Managing Member Title Name Address Type of Action **GENE EVANS** 1616 GULF TO BAY BLVD **MGRM** CLEARWATER, FL 33755 Remove Remove Removed A Tel Remove

Filing Fee: \$25.00

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