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COVER LETTER

TU: Registration Se Division of Cor			
SUBJECT: B	11+ By ME	ETZ LLC ited Liability Company	
	•	. , ,	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Rick	METZ Name of Person	·
	Builte	METZ, LLC	
	1616 Gul	Address BAY B	olud., Suite "B"
	CLEARW	TER FL. 3 City/State and Zip Code	<u>3755</u>
: **	E-mail address: (i	2 1 L SEDS @	AOL. COM
For further information c	oncerning this matter, please ca	all:	
Kick Name o	f Person	at (727)	1-1772 e Telephone Number
Enclosed is a check for the	ne 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
Tallahassee, FL 32314
Tallahassee, FL 32301

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(v.)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

d Liability Company as it how appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number <u>L</u> 130000 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 Company," 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:

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

MGR = Ma AMBR = Au	nager thorized Member	
<u>Title</u>	Name	Address Type of Action
mgmR	Josh Burke	Suite B Remove
mgmr	Andy Griffin	CLEARWATER, FL. 33755 Change 1616 Gulf To Bry Blud Gadd Suite B Remove Clearwater FL. 33755 Change
		Add
		Change Change Change Change Change
		ORD Add
		□ Remove
		Add
		Remove
		5 (1)

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	ssary.)
N/A	
	- · · ·
	
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	D NEW 14: 01
E. Effective date, if other than the date of filing:	iling.) Pursuant to 605.0207 (3)(b
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.b) The 90th day after the record is filed.	m. on the earlier of:
Dated	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

, 'D.

Page 3 of 3

Filing Fee: \$25.00