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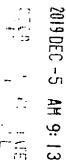
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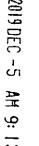


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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations BROWARD 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: ORLANDO A NIGHTENGALE Name of Person **BROWARD BUILDERS LLC** Firm/Company 1850 NW 15THAVENUE, SUITE260/265 Address POMPANO BEACH, FL 33069 City/State and Zip Code MICHAEL@CARTAGENABUSINESS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ORLANDO A NIGHTENGALE Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status' Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address: Street Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROWARD BUILDERS LLC

any as it now appears on our records.) Liability Company)	122/2014
/ were filed on	and assigned
oility company here:	
ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
1850 NW 15TH AVENUE	
SUITE # 260/265	
POMPANO BEACH, FL. 33069	201
	JDEC -
	9- 3
address on our records, enter the n	ame of the new register
Enter Florida street address	
. Florida	
,	1850 NW 15TH AVENUE SUITE # 260/265 POMPANO BEACH, FL. 33069 address on our records, enter the n

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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MICHAEL A. NEDRICK	6330 W. SAMPLE ROAD	■Add
		CORAL SPRINGS, FL 33067	□ Remove
			□ Change
			□ Add
			□Remove
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If an effi Note:	ive date, if other than the detective date is listed, the date must be. If the date inserted in this blocent's effective date on the Dep.	e specific and cannot be price does not meet the app	rior to date of filing or m dicable statutory filin		
	cord specifies a delayed of 90th day after the recor		not an effective t	ime, at 12:01 a.m. o	n the earlier of
Dated ;	NOVEMBER 25	2019			
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	Si	gnature of a meaning or an	uthorized representative	of a member	

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