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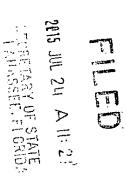
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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JUL 2 7 2015 **3 MASON**

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	3uildworth Name of Lim	Strategies	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		sto Villalobo Name of Person	<u>S</u>
	Build	Firm/Company NW 173 rd D	regies, LLC
	5911	NW 173 Vel D	DR 5te 8
	Miami	FL 33015 City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	thstrategies. Net
For further information of	oncerning this matter, please c	all:	
Name o	Villalobos f Person	at (78 b) 3 6 6 - Area Code Daytime	7908 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 Fec, 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

Buildworth Strategies LC (Name of the Limited Liability Company as it now appears on our records)
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 2/17/05 and assigned
Florida document number <u>L 150000297</u> 06
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," 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
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
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

If Changing Registered Agent, Signature of New Registered Agent

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 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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Elvin Villalobos	1230 W 54 St #27	/∕} □ Add
		Higleah, FL 33012	Remove
			☐ Change
			□ Add
			□ Remove
			Change
			🗆 Add
			□ Remove
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			ى □ Change

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an effec ote: If	re date, if other than the date of filing:
	nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ted _	July 21 2015
	Signature of a member or authorized representative of a member
	Primer CLL-SHED
	Tick 1/11 11 22 1

Filing Fee: \$25.00

Page 3 of 3