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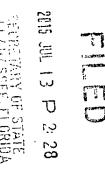
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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COVER'LETTER

TO: Registration Section Division of Corporations
SUBJECT: CMR FLORIDA 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:
Charles M. Rowland
CMR FLORIDA BUILDERS LC.
400 Golden Dove AVE, NE
Palm Bay FL 32907 Gity/State and Zip Code
CMC Florida Dvilders e grant. Com E-mail address: (to be used for future annual report not/figation)
For further information concerning this matter, please call:
Dandra Sanabria at 305 879-7397 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\bigcup \text{\$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 TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co. (A Florida Liability Co.)	COMPANY as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>U\50000</u> 4:	/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d 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 ADDRES	<u>SS)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered A	Agent:
provisions of all statutes relative to the proper and com accept the obligations of my position as registered ager	d agree to act in this capacity. I further agree to comply with the aplete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
ī	If Changing Registered Agent, Signature of New Registered Agent
•	1010 - 10
P	Page 1 of 3

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 **Type of Action** Title **Address** Name AMBR Charles M. Rowland 400 Golden Dave Are NE BANK Palm Bay FL. 32907 ☐ Remove ☐ Change (already AP on uc) □ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change □ Add □ Remove ☐ Change □ Add □ Remov U ☐ Change 28

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Please add EIN# to CHR ADRIDA BUILDERS LCC.
Groof of EIN# included in this package)
EIN# 47-4178228
Also adding registered agent Charles Mack Rowland as
Also adding registered agent Charles Mack Rowland as AMBR it was not added when registering LLC
by mistake thank you
AMBR -Charles MARK Powland
MGR - Sandra Sanabria
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated,
Charles Mack Powland Sandra Sa
Page 3 of 3
Filing Fee: \$25.00