To

7/12/2019

Division of Corporations

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SANDERS BUILT, LLC

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COVER LETTER

SANDERS SUBJECT:	BUILT, LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzeom.com, Inc.		
		Firm/Company	**************************************
	101 N. Brand Blvd., 11th	h Floor -	
		Address	
	Glendale, CA 91203		
		City/State and Zip Code	
	sandersbuilt36@gmail.co		 _
	E-mail address: (to be used for future annual report notifi	ication)
For further information co	ncerning this matter, please ca	all:	
Cheyenne Moseley		800 773-0888 ex	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	c following amount:		
S25.00 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

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



SANDERS BUILT, LLC

(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 06/23/2015 and assigned Florida document number L15000108647 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 Florida			
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Ciny Zip Code			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 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

□ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = N $AMBR = A$	lanager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
AMBR	Steven Rodriguez	7137 Ryman Loop	B Add
		Zephyrhills, FL 33540	☐ Remove
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If amon	ding any other informati	ion, enter change(s) here: (Attach additional sh	eets, if necessary	y.)	
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