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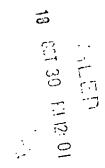
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COVER LETTER

	Registration Sect Division of Corpo		
eunure	Lansdown Pr	robuilt, LLC	
SUBJEC	.1:	Name of Limited Liability Company	
The enclo	osed Articles of A	amendment and fee(s) are submitted for filing.	
Please ret	turn all correspond	dence concerning this matter to the following:	
		Marcell Hetenyi, CPA	
		Name of Person	
		Scheckner & Hetenyi, PL	
		Firm/Company	
		18001 Old Cutler Road, STE 421	
		Address	
		Palmetto Bay, FL 33157	
		City/State and Zip Code	
		mh@cpa-sh.com	
		E-mail address: (to be used for future annual report notification)	
For furth	er information cor	ncerning this matter, please call:	
Marcell	Hetenyi, CPA	305 938-2384 at ()	
	Name of I	Person Area Code Daytime Telephone Number	
Enclosed	is a check for the	e following amount:	
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status	tus &

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

Lansdown Probuilt, LLC		
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11/03/2015	and assigned
Florida document number L15000185762		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Commany "the designation "I I C"	r the abbrushion "L. I. C."
The new hante must be distinguishable and contain the words. Elimited Claur	my company, the designation libe of	2 mg appres ration 12.12.0.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		36
		<u>-c</u>
		12:
Enter new mailing address, if applicable:		. 0
Mailing address MAY BE A POST OFFICE BOX)		,,
mining univess territ process of the process		
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of Action</u>
MGR	Bruce Walker	18001 Old Cutler Road, STE 421	Add
		Palmetto Bay, FL 33157	
			□ Remove
			Change
MGR	Anna Walker	18001 Old Cutler Road, STE 421	■ Add
		Palmetto Bay, FL 33157	☐ Remove
			Li Kemove
			☐ Change
MGR	Helen Jackson	18001 Old Cutler Road, STE 421	Add
		Palmetto Bay, FL 33157	
			□ Remove
			E:Change
			 □\$\frac{1}{2} \text{D}\$\frac{1}{2} \text{D}\$
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(If an effec	e date, if other that tive date is listed, the da	te must be specific	and cannot be ;	orior to date of	filing or more th	opti an 90 days afte	r filing.) Pursua	nt to 605.020
	f the date inserted in t nt's effective date on							t be listed a
	ord specifies a del 90th day after the			not an eff	ective time	, at 12:01	a.m. on the	e earlier o
	10100		20	. 0				
Dated _	10/29		20					
		Ma	celle	Hute	us)	P# (PO+)	
		Signature o	f a member or	authorized repr	esential ve of a	member		

Page 3 of 3

Filing Fee: \$25.00