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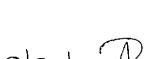
(Requestor's Name)
(Address)
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(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
A Conthern /	1. + 110
	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Joseph	Shanon Sims Name of Person
A Soi	thern Cut LLC
66215	OUWanee Rd
	Address
Joseph Sin E-mail addres	City/State and Zip Code  53Chotmail.com  ss: (to be used for future annual report notification)
For further information concerning this matter, please	
Joseph Sims Name of Person	at (850) 313 - 9437 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
XI \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

iability Company as it now appears on our records.)
Torida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March Florida document number L/600053,2// This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Builders LLC

Stand contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

-- T | Suwanee F 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 new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Office Address:

## 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 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
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			□Remove
			Change
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f an effective date <u>Note:</u> If the date	if other than the data listed, the date must be inserted in this blocative date on the Department	e specific and ca k does not me	annot be prior to et the applicat	o date of filing or r	nore than 90 days	optional) after filing.) Pursua , this date will no	nt to 605,0207 ( t be listed as t
e record specifies d is filed.	s a delayed effective c	late, but not ar	n effective tim	ne, at 12:01 a.m.	on the earlier o	f: (b) The 90th o	lay after the
Dated <u>Sel</u>	tember Joseph Spi	5th.	2021				
/	reedl - AI	-	-111100				
<u></u>	Joseph	gnature of a me	mber or authori	ized representative	e of a member		

Filing Fee: \$25.00