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A. BUTLER MAY 17 2022

COVER LETTER

Division of C	
SUBJECT:	Southern Boy Builders
	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filling.
Please return all corres	spondence concerning this matter to the following:
	Jacob L Smith Name of Person
	Name of Person
	Southern Boy Builders Firm/Company
	206 6th St. N Address
	JackSonville Beach FL 32250 City/State and Zip Code northfloridalbambao@gmail.com
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informatio	n concerning this matter, please call:
Jacob	SWITH at (904) 338 - 2962 Area Code Daytime Telephone Number
Nam	e of Person Area Code Daytime Telephone Number
Enclosed is a check fo	r the following amount:
□ \$25.00 Filing Fee	✓ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	(additional copy is enclosed)

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

Street Address:

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 OF FIFT

Southern	. Boy Builder	5	
(Name of the Limited (A	Liability Company as it now apper Florida Limited Liability Company	enrs divénitéeibrass III 4)	: 16 -
The Articles of Organization for this Limited Liab Florida document number <u>L16000697</u> .	ility Company were filed on _	05X19/28/8	TATE <u>FL</u> and assigned
This amendment is submitted to amend the follow	ing:		
	Bamboo, L	LC	
The new name must be distinguishable and contain the word		: designation "LLC" or the abbr	reviation "L.L.C.
Enter new principal offices address, if applicab			
(Principal office address MUST BE A STREET.	ADDRESS)		
		<u>.</u>	<u></u> _
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or regagent and/or the new registered office address		records, enter the name	of the new registered
Name of New Registered Agent:			.
New Registered Office Address:	Enter F	lorida street address	
		, Florida	
	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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
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			□Remove
			(1) Change

				
				
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ective date, if other than the date of filin effective date is listed, the date must be specific and	ig:	of filing or more than 90 o	_ (optional) lays after filing.) Pursuant t	ю 605.020
e: If the date inserted in this block does not a ument's effective date on the Department of S	meet the applicable st	atutory filing requirem	ents, this date will not be	e listed a
cord specifies a delayed effective date, but no s filed.		12:01 a.m. on the earli	er of: (b) The 90th day	after the
od 04/08/2022 Milli	4:00 PM			
MILLE				
1000		epresentative of a member		

Typed or printed name of signee