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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	Prifer Ce Name of Limi	A Builders Company	roup, LLL
The enclosed Articles of Ar	nendment and fee(s) are subr	mitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Joyph	Name of Person	
	Priferre	Firm/Company	r,LLC
	240 bal	Address Apt 304	
		City/State and Zip Code City/State and Zip Code City/State and Zip Code	
For further information con	cerning this matter, please ca	·	,
JUJ t p M Name of P	ortiga erson	at (<u>305</u>) <u>401-92</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent,

Enter Florida street address

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

Title Type of Action Name Address JERRYWBATES JA, MGR 1/804 ACORN DR. Add DAVIE, PL 33330 □ Remove ☐ Change MG R Javier yaniz-Lopez 798 Crandon BN Apt 39 DAdd Koy Biscayn, FZ 33149 - Remove __ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00