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## **COVER LETTER**

TO:		ration Section on of Corporations
SUBJE	:СТ: _	PROBUILDERS INT'L SUPPLY L.L.C. Name of Limited Liability Company
		Name of Limited Liability Company
Th	و لاستمال	
		rticles of Amendment and fee(s) are submitted for filing.
Please r	eturn al	correspondence concerning this matter to the following:
		<b>T</b>
		PEROZ NASIR
		Name of Person
		Firm/Company
		3067 SW 165th AVE
		Address
		N-241100 21 77007
		City/State and Zip Code
		City/State and Zip Code  Peroznte Comcast net E-mail address: (to be used for future annual report notification)
		E-mail address: (to be used for future annual report notification)
For furth	her infor	mation concerning this matter, please call:
		1.2 1)20 0 075 73 53
	1.0	Name of Person at (9) 275-7353  Area Code Daytime Telephone Number
		· ·
Enclosed	d is a ch	eck for the following amount:
<b>\$2</b> \$25.		C
•		Certificate of Status Certified Copy Certificate of Status &
		(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	V	MAILING ADDRESS: STREET/COURIER ADDRESS:
		Registration Section Registration Section
		Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

imited Liability Company as it now appears on our record-(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on SEPT 22, 2016 Florida document number L16000180 298 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ROBUILDERS INT'L SUPPLY L.L.C.
must be distinguishable and contain 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_. Florida \_

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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Filing Fee: \$25.00