## L17000047986

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
Certified Copies	Certificates	

Office Use Only



100296389381

03/10/17--01032--005 \*\*30.00



D. SCOTT MAR 1 3 2017

## COVER LETTER

Divi	sion of Corp	orations	'n	·
SUBJECT:	BROKER W	THOUT BORDERS		
SUBJECT:	<u> </u>	Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		ERICKA LOPES		
Name of Person				
		BWB		
	Firm/Company			
	7550 FUTURES DR SUITE 306			
	Address			
		ORLANDO - FL 32819		
			City/State and Zip Code	
		ELOPES.USA@GMAIL.CO		
For further inf	formation con	E-mail address: (1 seerning this matter, please ca	to be used for future annual report notifica	至
ERICKA LOI	PES		352 459-1054 at ()	第 10 第 10
Enclosed is a	Name of F	erson following amount:	Area Code Daytime To	elephone Number
□ \$25.00 Fil		\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

BROKER WITHOUT BORDERS L		
( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on MARCH 1ST/2017	and assigned
Florida document number L17000047986	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
BUILDER WITHOUT BORDERS LLC.		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• • •		
( <u>Principal office address MUST BE A STREET AD</u>	DKESS)	· · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	·	
B. If amending the registered agent and/or res	gistered office address on our records, enter	the name of the na
registered agent and/or the new registered office ac		ine name of the new
	-	
		質 第 卫
Name of New Registered Agent:		<del>第</del> 5
New Registered Office Address:		Mg _ 6_
	Enter Florida street address	
	, Florida	0.5
<del></del>	, FIOFIUA	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 = M $AMBR = A$	lanager <sub>.</sub> .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗖 Add
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			三 三 三 三 三 三 二 二 二 二 二 二 二 二 二 二 二 二 二
			Remove
	<del>-</del>		Add
			☐ Remove
			<b>5</b> 8

If amending any other	nformation, enter c	hange(s) her	e: (Attach addi	tional sheets, if n	ecessary.)
• •					
	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
-					
				1804	
	<del>-</del>				
		<del>-</del>	***************************************		
· · · · · · · · · · · · · · · · · · ·					
				1 120	
Effective date, if other t (If an effective date is listed, the Note: If the date inserted document's effective date	date must be specific and n this block does not n	cannot be prior neet the applic	able statutory fili	more than 90 days af	<b>tional)</b> ter filing.) Pursuant to 605.0207 ( his date will not be listed as t
the record specifies a d		ate, but no	et an effective	time, at 12:01	a.m. on the earlier of:
Dated MARCH 8TH		2017	 		NAMES OF THE PARTY
	Signatura of a	Julla	hops	a of a mamban	().
			orized representativ	e or a member	6: 05 CRID:
	ERICKA	Typed or print	ed name of signee		<u> </u>

Page 3 of 3

Filing Fee: \$25.00