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2017 MAY 17 AM 9: 16
SECRETARY OF STATE
ANALYSEE FLORIDA

J. HARRIS

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	1A. Build F	Loxida UC ited Liability Company	· · · · · · · · · · · · · · · · · · ·
	Nane of Lim	med Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Dowid	Jimenez	
		Name of Person	
		Firm/Company	
	10040 Grif	An Pol Ste WI	
	Cooper (1)	HJ FL 33328	
	<u>Clouid (a</u> E-mail address: fi	City/State and Zip Code City/State and Zip Code to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
David 1	11/11/01/10/2	at() 954-L	134-3111
or Aliva	Person KhozioShluA	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 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 ARTICLES OF ORGANIZATION **OF**

Mr. Build Florid (Name of the Limited Liability Comp (A Florida Limited	da ucc	n our records.)		
The Articles of Organization for this Limited Liability Company Florida document number	_		and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desig	mation "LLC" or the	a reviation L	.L.C."
Enter new principal offices address, if applicable:			52 ₹	71
(Principal office address MUST BE A STREET ADDRESS)		7	ASS -	
		•	₩ ₩ ₩ ₩	- [7] -
Enter new mailing address, if applicable:		· :-	H 9: 1	
(Mailing address MAY BE A POST OFFICE BOX)		4	S S	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		ır records, <u>ente</u>	r the name	of the new
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida	street address		
		, Florida _		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			

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>	<u>Name</u>	Address	Type of Action
Ries.	Vincent DeCaedis	STS & los olas blud suite 1. Fort Lauterdalle FL 33301	<u>26</u> □ Add
			Remove
			Change
Rves.	Manuel Deira	515 & las obs blud	Add
		Suite 120, Fort Landerda	(e □ Remove
		FL 33301	□ Change
			Add
			Remove
			☐ Change
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ffective date, if other tan effective date is listed, thote: If the date inserted ocument's effective date	in this block does not r	neet the applicable s	e of filling of more uran 3	(optional) 0 days after filing.) Paments, this date with	Stant to 5.0207 (3)(b) not be listed as the
e record specifies a The 90th day after	delayed effective of the record is filed.	date, but not an	effective time, at	12:01 a.m. on	Ne earlier of FLORI
ated		,)	•	Bu a
•	x QC				
	1		representative of a mem		

Page 3 of 3

Filing Fee: \$25.00