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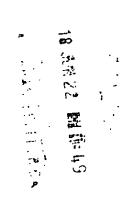
(Requestor's Name)	_
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COVER LETTER

	ation Section of Corpor			
CHARLES C	DB C	ontractors L.	L.C.	
SUBJECT:			ted Liability Company	
The enclosed Art	ticles of Am	endment and fee(s) are subr	nitted for filing.	
Please return all	corresponde	nce concerning this matter t	o the following:	
		My Corporation	on Business Ser	vices, Inc.
•	-	-	Name of Person	
	•		Firm/Company	
		26025 Murea	au Road, Suite	120
•			Address	
		Calabasas, (CA 91302	
		_ <u>-'-</u> -	City/State and Zip Code	
	<u> </u>	processing@myc		
			o be used for future annual report no	otification)
For further inform	mation conce	erning this matter, please ca	II:	
Process	sing D	epartment	877 _, 692-0	6772
	Name of Per	son		me Telephone Number
Enclosed is a che	eck for the fo	ollowing amount:		
■ \$25.00 Filing	g Fee C	□ \$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 TO ARTICLES OF ORGANIZATION OF

CAS DESIGN BUILD CONTRACTORS I		
(Name of the Limited Liab (A Flori	lity Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 06/30/2017	and assigned
Florida document number L17000141593		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
CDB Contractors L.L.C.		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" o	r the abbreviation "IAL.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	10 PC
		3, 4
		Page William
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · ·
	-	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	cnier r ioriao sirvet adaress	
<u> </u>	, Flori	
	Cin	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 = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Change
			Remove
			□ Change
			Add
			Remove
			☐ Change
			Add
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Filing Fee: \$25.00