L17000159446

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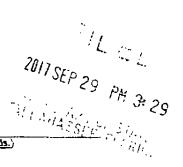
TO:	Registration.S Division of Co				
\$11 0 .18	As Built F	lorida, LLC			
30532		Name of Lin	mied Liability Company		
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please	return all corresp	ondence concerning this matter	r to the following:		
		Erica D. Cohen, Esq.			
			Name of Person		
		The Dorcey Law Firm, PL	LC .		
			Firm/Сотраву	· · · · · · · · · · · · · · · · · · ·	
	10181-C Six Mile Cypress Pkwy Address				
		Fort Myers, Florida 33966			
			City/State and Zip Code		
		erica@dorceylaw.com			
For furt	her information o	E-mail address: (oncerning this matter, please c	to be used for future annual report notifi all:	cation).	
Erica D	. Cohen		239 418-0169 at ()		
	Name o	f Person	Arca Code Daytime	Telephone Number	
Enclose	d is a check for th	ne 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)	

MAJLING 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



As Built Florida, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Florida document number L17000159446	Liability Compa	ny were filed on July 26, 2017	and assigned
This amendment is submitted to amend the fo	llowing;		
A. If amending name, enter the new name	of the limited li	ability company here:	
N/A			
The new name crust be distinguishable and contain the	words "Limited Liz	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter-new, principal offices address, if appl	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
		·	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		
		·	
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered	office address on our records, <u>e</u> ere:	nter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street address	
		rutes i mista street address	
		, Florid	
		City	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 = Manager AMBR = Authorized Member Type of Action <u>Title</u> <u>Address</u> Name Fuirs, LLC MGR ■ Remove _D Change MGR Pamela Pipher 4600 Summerlin Road, C-2-507 ■ Add Fort Myers, Florida 33919 ☐ Remove _ Change ☐ Remove __ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

_ Change

N/A	
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date or	of filing or more than 90 days after filing.) Pursuant to 605.6
g: If the date inserted in this block does not meet the applicable statement's effective date on the Department of State's records.	tutory filing requirements; this date will not be listed
and a cricative date of disc. Department of State a records.	
ecord specifies a delayed effective date, but not an ef	ffective time, at 12:01 a.m. on the earlies
ne 90th day after the record is filed.	
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d <u>8/24</u> 2017	
8/24 . 2017	
The state of the s	
ed 8/24 2017 Famele 17-phs Signature of a member or authorized rep	presentative of a member
The state of the s	resentative of a member

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Filing Fee: \$25.00