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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJF	CCT:	Buildit Cor Name of Limi	nstruction Concepts ited Linbility Company	<u> </u>
The en	closed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		S .	eve Holland Name of Person	
		Build	Firm/Company	mages uc
		1101 1	JW 93 12 Terrace Address	
		Plantert	City/State and Zip Code	
		Skycobu E-mail address: (i	ILLIFCC. COM to be used for future annual report noti	fication)
For fur	ther information co	oncerning this matter, please ca		1
	Steve Name o	Holland	at (954) 410- Area Code Daytim	1557 e Telephone Number
Enclos	ed is a check for th	ne following amount:		
E \$2	5.00 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 Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLC

Buildit Construction Concepts

(<u>Name of the Limited</u> (<i>F</i>	Liability Compar Florida Limited L	ny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Lial Florida document number 17-000169		were filed on <u>Aug</u>	UST 9, 201	3 and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	lity company here:	1	
The new name must be distinguishable and contain the wor	ds "Limited Liabil			
Enter new principal offices address, if applical	ole:	1101 NW	934 Te	race
(Principal office address MUST BE A STREET ADDRESS)		Plantatio	oni, FL 3	33322
				
Enter new mailing address, if applicable:		1101 NW	93'3 Te	Nace
(Mailing address MAY BE A POST OFFICE BOX)		Plantati	O, FL	33322
B. If amending the registered agent and/or the new registered offi Name of New Registered Agent:	-		r records, enter	the frame of the new
New Registered Office Address:	NOI NI	N 93 ^{rs} Tev	race	
	0	Enter Piorida's		0000
	<u> </u>	Hands	Florida	33322 Zip Code
New Degictored Agent's Signature if changing De	aistarad Laanti	A.A.	ı	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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