## L17 000 171661

(Requestor's Name)	
(Address)	
(Address)	<u> </u> 
, ,	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
(Boodiniont Names),	
Certified Copies Certificates of Status	<b></b>
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## COVER LETTER

Registration Section Division of Corporations

MAILING ADDRESS:

Division of Corporations

Tallahassec, FL 32314

Registration Section

P.O. Box 6327

TO:

SUBJECT: 上人と	THE DUILLIE		
	Name of Li	mited Liability Company	<del> </del>
The enclosed Articles of A	mendment and fee(s) are su	bmitted for filing.	
Please return all correspon	dence concerning this matte	to the following:	
r rease return an correspon	dence concerning this matte		
	Robert C	Senhour, SR. Name of Person	
		Name of Person	
		11	
	IKE +1	e Builder LLC	
		Firm/Company	
			1
	1411 130	Maneade Blud	
		Address	
	1	1 1 51 35 34	
	- UCCKSOF	City/State and Zip Code  Ke't7@Gmail.Con  (to be used for future annual report notificat	
		City/State and Zip Code	
	15chhouril	ket7(@amail.Con	<u>h</u>
	E-mail address:	(to be used for further annual report notificat	tion)
For further information con	ncerning this matter, please	  call:	
Robert C.	Isen hour	SC at (904) 239 - 1 Area Code Daytime Te	7200
Name of	Person	Area Code Daytime Te	elephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(southniss copy is eliciosed)

STREET/COURIER ADDRESS:

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I're the Duild	er Luci	
(Name of the Limited	Gability Company as it now appears on our records.) Florida Limited Liability Company)	
	ility Company were filed on 08/11/2017 and assigned	
Florida document number 4/70001716		
riorida document number		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	  e limited liability company here:	
NA		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicab	S SE T	
-		
(Principal office address MUST BE A STREET	ADDRESS)	
	75.	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
R. If amending the registered agent and/or	registered office address on our records, enter the name of the new	
registered agent and/or the new registered office	te address here:	
Name of New Registered Agent:	NA	
tvanic of the w Registerou Algeria.		
New Registered Office Address:	Enter Florida street address	
	Enter Florida street adaress	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:	
I hereby accept the appointment as registered	agent and agree to act in this capacity. I further agree to comply with the	
	The state of the s	

If Changing Registered Agent, Signature of New Registered Agent

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 amending or removed f	Authorized Person(s) authorized to rom our records:	manage, <u>en</u>	ter the title, name, and address of each	person being added
MGR = Ma	nnager ithorized Member			
<u>Title</u>	Name	Addr		Type of Action
MGR	Robert C. Isenhou	SR _1	411 Bellemeade Bluc Eksonville FL 3221	Z Add
		Lie	Ksonville FL 3221	Remove
				Change
AMBR	Michele Charter	. 14	-11 Belle Meade Blud Esonville F1 32211	Add
		-kc	Esonville F1 32211	☐ Remove
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D. If amending any other information, enter change(s)	here: (Attach additional sheets, if necessary.)
N/A	
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and the state of t	optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) applicable statutory filing requirements, this date will not be listed as the ecords.
data h	out not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.	de not an encetive time, de 22002 em en en
9 1 1 2 5 5	27
Dated Somember 05 20	
Signature of a member	or authorized representative of a member
Robert C. Se	or printed name of signee

Page 3 of 3

Filing Fee: \$25.00