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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	Mait	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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> S. WARREN MAR 0 7 2018

COVER LETTER

TO:	Registration Se Division of Cor			
CUDIE		onstruction LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Nathan Leedy		
		•	Name of Person	
		239 Custom Builds LLC		
			Firm/Company	
		120 Cypress Point Drive		
			Address	
		Naples, FL 34105		
			City/State and Zip Code	
		nleedy239@gmail.com		
		E-mail address: (to be used for future annual report notific	cation)
For furt	her information co	oncerning this matter, please ca	all:	
Nathan	· ·		239 404-3091at ()	Felephone Number
	Name o	f Person	Area Code Daytime	Felephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y as it now appears on our records.) ability Company)		
vere filed on 10/04/2017	and assigned	
ity company here:		
y Company," the designation "LLC" or t	he abbreviation "L.L.C."	
	ter the name of the ne	
Enter Florida street address		
. Florida	a	
City	Zip Code	
performance of my duties, and I is covided for in Chapter 605, F.S. address, I hereby confirm that th	am familiar with and Or, if this document is e limited liability	
	, Florid:	

Page 1 of 3

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>Address</u> <u>Title</u> <u>Name</u> _□ Add _□ Remove ☐ Change □ Add □ Remove __ Change _□ Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove Change

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ective date, if other than the date effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Department.	specific and cannot be prior to date of filing or more than 90 days does not meet the applicable statutory filing requirement	(optional) s after filing.) Pursuant to 605.02 s, this date will not be listed
record specifies a delayed e he 90th day after the record	ffective date, but not an effective time, at 12: I is filed. I	:01 a.m. on the earlier
ed February 22	2:018	
	1 deall	≥
Sig	nature of a member or authorized representative of a member	7 7 7 7 T
Nathan Leedy		ASS
	Typed or printed name of signee	111
	Typed or printed name of signee	PR III

Filing Fee: \$25.00