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(Re	questor's Name)	
(Ado	dress)	
(Ada	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
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COVER LETTER

	Registration Sc Division of Cor		·*	
elib ira		c Florida, LLC		
SUBJECT: Name of Limited Liability Company				
		Amendment and fee(s) are sub- indence concerning this matter	-	
		Bradford J. Nutting		
		BJN Investments, LLC	Name of Person	
		2637 E. Atlantic Blvd., ST.	Firm/Company E 26012	
		Pompano Beach, FL 33062	Address	
		bradn@bjnbiz.com	City/State and Zip Code	
For furth	er information c	E-mail address; (i oncerning this matter, please or	to be used for future annual report notif	ication)
	J. Nutting		321 501-9250	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 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:

TO:

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 ED

2019 FEB 25 AM 9: 47

Build Block Florida, LLC

company has been notified in writing of this change.

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

		110 SEC. P.L.
The Articles of Organization for this Limited Liability Company	were filed on $\frac{01-12-201}{}$	8 and assigned
lorida document number L18000012025		
This amendment is submitted to amend the following:		
This affendation is submitted to affend the following.		
A. If amending name, enter the new name of the limited liab	oility company here:	
Insulated Concrete Forms.US, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2637 E. Atlantic Blvd.	
(Principal office address MUST BE A STREET ADDRESS)	STE 26012	
	Pompano Beach, FL 33	3062
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	ffice address on our	records, enter the name of the
registered agent and/or the new registered office address her		enter the name of the
Name of New Registered Agent:	••	
New Registered Office Address:		
New Negistered Office Address.	Enter Florida stre	et address
		Florido
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	· •	
I hereby accept the appointment as registered agent and agr	ree to act in this capaci	ty. I jurther agree to comply with

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

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

Title	<u>Name</u>	Address	Type of Action
			D Add
			Remove
			Change
			\[\] \(\lambda\) \(\d\)
			Remove
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			☐ Change

If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
	
	
(If an effective date is listed, the date m	the date of filing:
the record specifies a delay The 90th day after the re	ved effective date, but not an effective time, at 12:01 a.m. on the earlier of ecord is filed.
Dated February 21st	2019
	Signature of a member or authorized septementalize of a member
Bradford J. Nutting, N	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00