L18000025366

(Re	questor's Name)	
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(Ad	dress)	 -
(Cit	y/State/Zip/Phone	- #î
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filina Officer:	
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Office Use Only



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	egistration Se ivision of Cor		1	14	
	DBI Builde	rs LLC			
SUBJECT	`:	Name of Limi	ted Liability Compar	ıy	
The enclos	ed Articles of	Amendment and fec(s) are sub-	nitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		David M. Hobson			
			Name of Perso	or	
		DBI Builders LLC			
			Firm/Compan	'	
		12532 82nd Ave North			
			Address		
		Seminole, FL 33776			
			City/State and Zip	Code	
		david.dbi77@gmail.com	o be used for future	nough report position	tion)
Con firmhom	information a	oncerning this matter, please ca	ĺ	инца терит поинса	uion)
		oncerning this matter, please ca			
David M.			704 at (902-9540 _)	
	Name o	f Person	Area Coli	e Daytime T	elephone Number
Enclosed is	s a check for th	ne following amount:			
\$25.00	Fiting Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional cop	рру	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:			REET/COURIER	ADDRESS:	
Registration Section Division of Corporations		Þiv	Registration Section Division of Corporations		
		ox 6327 issee, FL 32314		fton Building St Executive Cente	r Circle
				llahassee, FL 3230	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DBI Builders LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	ns it now appears on our records.) shilly Company)
The Articles of Organization for this Limited Liability Company w Florida document number 1.18000025366	rere filed on 01/29/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	18 FAL
(Principal office address MUST BE A STREET ADDRESS)	IST BE A STREET ADDRESS)
	ASSET
	R Eigh
Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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> **Name Address** David M. Hobson **AMBR** 12532 82nd Ave N. Seminole, FL33776 □ Remove _□ Change _□ Add ☐ Remove ☐ Change _□ Add _□ Remove ☐ Change □ Add ☐ Remove □ Change □ Add _□ Remove _□ Change _□ Add ☐ Remove ☐ Change

fame	nding any other information, enter change(s) here: (Attack additional sheets, if necessary	.)
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an eff lote:	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date vent's effective date on the Department of State's records.	
e red The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 90th day after the record is filed.	on the earlier of:
ated		
	Signature of a member or authorized representative of a member	
	David M. Hobson	
	Typed or printed name of signee	 _

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Filing Fee: \$25.00