L18000029855

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, COVER LETTER

IO:	Division of Cor					
		DERS, LLC	t	•		
Name of Limited Liability Company						
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		ROBERT KIESLING P.A				
			Name of Person			
	TAX ADVISORS OF PALM BEACH					
			Firm/Company	****		
	1375 GATEWAY BLVD, SUITE 44					
			Address			
	BOYNTON BEACH, FL, 33426					
			City/State and Zip Code			
		RKFINANCIALTAX@GM	IAIL.COM to be used for future annual repor	notification)		
er furth	er information co	oncerning this matter, please co	·	Thouseand		
	T KIESLING	, , , , , , , , , , , , , , , , , , ,	561 632-10-	41		
	Name of	Person	at () Area Code D	aytime Telephone Number		
sed	l is a check for th	e following amount:				
25.	00 Filing Fee	S30.00 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		Street Addre Registration	1 Section			
Division of Corporations O. Box 6327			Division of Corporations The Centre of Tallahassee			
allahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BY BUILDERS, LLC			
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appeared Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comparing document number L18000029855	nny were 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 li	iability company be	ere:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the d	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS			
			<i>₩</i> №
Enter new mailing address, if applicable:		ر ب جور -	2020 D I
Mailing address MAY BE A POST OFFICE BOX)	-	<i>[</i>	ा है न
nutting duaress MAT BE ATOST OFFICE BOX	 		7
			T-10 1 1 1 1 1 1 1 1 1
If amending the registered agent and/or registered officent and/or the new registered office address here:	ce address on our r	ecords, <u>enter the na</u>	20
Name of New Registered Agent:			9
New Registered Office Address:			
New Registered Office Address.	Enter Floi	rida street address	
		Ularida	
	City	, rtoriua _	Zip Code

accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the is of all statutes relative to the proper and complete performance of my duties, and I am familiar with and endingations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is I to merely reflect a change in the registered office address. I hereby confirm that the limited liability has been notified in writing of this change.

rerson(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DAVID MISEREDINO	650 NE 9TH AVE	□Add
		BOYNTON BEACH, FL 332435	≣Remove
			□Change
	·		□Add
			Remove
			Change
			□Add
			🗀 Remove
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			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 12 / 01 / 2020 Effective date, if other than the date of filing: ___ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d is filed. Signature of a member or authorized representative of a member DAVID MISEREDINO

Typed or printed name of signee