

(Requestor's Name)
(Address)
(Address)
(6:10:10:7:15)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400321562064

12/03/18--01013--022 **25.00

2018 DEC -3 PM 1:58
SECRETARY OF STATE

Lykar8

COVER LETTER

Division of C	Corporations		
CHRITOT.	Complex Building Construc	tion LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Jelani Miller		
	Complex Building Construc	Name of Person	
	535 NE 107th Strret	Firm/Company	<u>. </u>
	Miami/Fl. 33161	Address	
	complexconstruction1@gma	City/State and Zip Code ail.com	
	E-mail address: (to be used for future annual report notifi	cation)
For further informatio	n concerning this matter, please co	all:	
Jelani Miller		954 805-2999 at ()	
Nam	e of Person		Telephone Number
Enclosed is a check fo	or the following amount:		
\$25.00 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

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 OF

FILED

Complex Building Construction LLC

2018 DEC -3 PM 1:58

(Name of the Limited Liab (A Flori	ility Company as it now appears da Limited Liability Company)	ON OUR PROPERTY OF TALLAHASSEE	STATE . Fl
The Articles of Organization for this Limited Liability Florida document number L18000034396			- · -
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the de	signation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADL	DRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX			
Mauing dauress MAT BE A POST OFFICE BOAT			
B. If amending the registered agent and/or reg		our records, enter the	name of the
egistered agent and/or the new registered office ad	iuress nere.		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
		, Florida	
	City	Zi _l	p Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
		v 	Change
			□ Remove
			Change
	·		
			Remove
			☐ Change
		 	
			Remove
			☐ Change

	<u> </u>
,	
•	
,	
,	
,	
•	
Effect	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	November 30 2018
Dated	· · · · · · · · · · · · · · · · · · ·

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00