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DIVISION OF CORPORATION

V COOPER JUN 21 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lamb's Builders LCC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for tiling.	
Please return all correspondence concerning this matter to the following:	
Shaun Lamb Name of Person	
Firm/Company	
2305 Sweet Crum Dr.	
Bonifall For 32425	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Shame of Person at (850) 763 0992 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee. Certificate of Status \$\Certificate \text{Opy} Certificate of Status & Certifica	

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

Lambs Bai (Name of the Limited Liability (A Florida	Company as it now appears on or Limited Liability Company)	ır records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{5/6}{2}$	91/9018 and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designat	ion "LLC" or the abbreviation "L.L	c."
Enter new principal offices address, if applicable:			 _
(Principal office address MUST BE A STREET ADDR	PESS)	<u> </u>	- SSC
		2	HILL DE TARY DE TO
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		: 2	705 1 35 1 35
B. If amending the registered agent and/or regist registered agent and/or the new registered office addi		records, enter the name of	of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	vet address	
		Florida	
	City	Zip 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 = Au	uthorized Member		
Title	Name	Address	Type of Action
MGR	Ruben Perez	2305 Sweet Gum	Add
		Britay F1 32408	B Remove
			Change
MBR	Tonny Parks	3282 Sylvania rd	DAdd
	·	Vernon FI 324102	🗆 Remove
			Change
			O Add
			Remove
			□ Change
			□ Remove
			Change
			□ Remove
		·	Change
			D Add
		- <u></u>	□ Remove
			□ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necess		
		
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Effective date, if other than the date of filing:	al) ing.) Pursuant to 605.03 ate will not be listed	207 (3 Las th
the record specifies a delayed effective date, but not an effective time, at 12:01 a.n) The 90th day after the record is filed.	n. on the earlier	of:
Dated		
Signature of a member or authorized representative of a member		
Shalm D (and b) Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00