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COVER LETTER

Registration Section **Division of Corporations**

Austin Bu	ilders, LLC		
7BCT:	Name of Lim	ited Liability Company	
enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
se return all corresp	ondence concerning this matter	to the following:	
	Eric Austin		
	 	Name of Person	· · · ·
	Austin Builders, LLC		
		Firm/Company	
	PO Box 121356		Name of Person Firm/Company Address ity/State and Zip Code used for future annual report notification) at (
		Address	
	W. Melbourne, FL 32912		
	info@austinbuilders.com	City/State and Zip Code	
	-	to be used for future annual report not	itication)
or further information	concerning this matter, please ca	all:	
Eric Austin		321 693-5229	-
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Austin Builders, LLC

(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our Liability Company)	records.)			
The Articles of Organization for this Limited L. Florida document number 1,18000126599	iability Company	were filed on 5/21/2019	and assigned			
This amendment is submitted to amend the foll	lowing:					
A. If amending name, enter the new name of	of the limited liab	oility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		3682 N. WICKHAM RD, STE BI #312 🔑 😝				
(Principal office address MUST BE A STREE	ET ADDRESS)	Melbourne, FL 32935	17A E			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent:	registered office : ess here:		enter the name of the new registered			
New Registered Office Address:	3682 N. WICKHAM RD, STE B1 #312 Enter Florida street address					
	Melbourne		Florida 32935			
		City	Zip Code			
New Registered Agent's Signature, if changing I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	ed agent and agr per and complete istered agent as _i registered office	ree to act in this capacity performance of my duti provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is			
	If Cha	nging Registered Agent, <u>Sign</u>	ature 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
VP	Gary Brookshire	PO Box 121356	Add
		W. Melbourne, FL 32912	□Remove
			□Change
			□Add
			GECRI LANASSEE, FL
			C 13 Add PH LESS ANASSEE, FL
			□Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Chanwe

Page 2 of 3

t:r 	ic Austin and Lesli Austin	remain as MC	JR. Registered	agent remain	s as Eric Austii	ı; sımpıy ar	address cha	ange.
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an effec oter 1f	tive date is listed, the date muse the date inserted in this bl	t be specific and ock does not a	d cannot be prior meet the applica	to date of filing thle statutory	or more than 90 filing requirem	days after fili ents (this d:	ng.) Pursuant ue will not b	to 605.021 ne listed :
	nt's effective date on the D				5	• • • • • • • • • • • • • • • • • • • •		
reco	rd specifies a delayed	l effective (date, but no	t an effecti	ve time, at 1	i2:01 a.n	n. on the	earlier
The 9	Oth day after the rec	ord is filed.	•					
,			2010					
ated _	st day of November			_ ·				
				0.				
				Nan				

Typed or printed name of signee

Filing Fee: \$25.00