8/25/25, 3:01 PM

**Division of Corporations** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Émail Address	:	 	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BUILDTRUST LIMITED, LLC

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Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

AUG 2 6 2025

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED
2025 AUG 25 PM 2: 27
FALLAHASSEL FLORID,

BUILDTRUST LIMITED, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Li Florida document number L18000142424		were filed on 06/0	o8/18 and assigned	
This amendment is submitted to amend the following				
A. If amending name, enter the new name of	the limited liabi	lity company he	<u>re</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liabil	ty Company," the de	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applications	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office a		L 33702	
Name of New Registered Agent:				
New Registered Office Address:	7901 4th St N STE 300  Enter Florida street address			
	St. Petersburg		Florida 33702	
New Registered Agent's Signature, if changing I	Registered Agent:	City <sup>.</sup>	Zip Code	
I hereby accept the appointment as registered provisions of all statutes relative to the proparcept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	d agent and agreer and complete patered agent as pregistered office	performance of a rovided for in C	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

Aug 25, 2025 12;02 . To: +18506176383 Page: 3/4 Fax. 18134365206

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

Title	Name	Address	Type of Action
AMBR	Ołabisi, l'emitope	7901 4th St N Ste 300	ĀlAdd
		St. Petersburg, FL 33702	□Remove
			□Change
			ERemove  ALLANDS
			Gflange C
			□Change
			□Add
			Remove
			□Change
			Remove
		<u></u>	Change
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Aug 25, 2025 12;02 . To: +18506176383 Page: 4/4 Fex: 18134365206

Effective date, if other than the date of filing:						<del></del>
Effective date, If other than the date of filing:						
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Signature of a member or authorized representative of a member	Dated <sup>08/</sup>	/25 	2025	·		
f Signature of a member or authorized representative of a member		Retur Jones	/			
			Signature of a member or aut	horized representative of a m	ember	