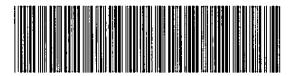
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## **COVER LETTER**

TO: Registration Section Division of Corporations	9,
SUBJECT: Trace and Home Construction LLC  Name of Limited Liability Company	119 EFR
The enclosed Articles of Amendment and fee(s) are submitted for filing.	,
Please return all correspondence concerning this matter to the following:	;;
William Breedlove Jo Name of Person	
WB Builders LLC Firm/Company	
8917 Nobad Rd 10+48 Address	
SackSonville, FL 32210  City/State and Zip Code  Breedbre Dilling a Grail. Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
WeSley Burrell at (A) 625-3365  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$25.00 Filin	ì

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

Graceland Home	Liability Company as it now to Florida Limited Liability Com	LLC	- 12 A A A A A A A A A A A A A A A A A A
(Name of the Limited	l Liability Company as it now : A Florida Limited Liability Com	appears on our records.) pany)	Garage Co.
The Articles of Organization for this Limited Lia Florida document number $L180001529$	bility Company were filed	on JUNE, 21 2018	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability compa	uny here:	
WB BUILDERS LLC The new name must be distinguishable and contain the wo	rds "Limited Liability Company	"the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE E	<u></u>		
B. If amending the registered agent and/or the new registered off	or registered office addre i <u>ce address here</u> :	ess on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	William Bree		
New Registered Office Address:	8917 NOROGIE	Lot 48 ter Florida street address	
	Jacksoville	, Florida	2210 Zin 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

Page 1 of 3

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>	Name	Address	Type of Action
MGR	Wesley Burrell	9917 Nohaud Rd. 10+48	□ Add
	1	3917 Nohand Rd. 10+48  Sacksonville, FL 32210	Remove
			Change
MGR	Elvis Burrell	9941 Nolocal Rd	Add
		Jacksonille FL 32210	Remove
			Change
MGR	WILLIAM T BRE ED LOVE JR	8917 NOROAD LOT 48	Add
		JACKSONVILLE FL32210	□ Remove
			Change
SEC	CIARA R KNIGHT	8917 NOROAD LOT 48	Add
		JACKSONVILLE FL32210	Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			□ Change

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