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COVER LETTER

TO: Registration S Division of Co		p p		
SUBJECT:	BERUBE BUIL Name of Li	OERS LLC mited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	KEV	IN BERUBE Name of Person		
		BE BUTLDERS L	LC	
	1505	S. KST		
	LAKE W	City/State and Zip Code		
	Kevin ber	to be used for future annual report not	Garrier	PS ***
For further information c	oncerning this matter, please c		incation)	20 HAR -
Kevin Bern Name of	f Person	at (561) 502-30 Daytime	426 e Telephone Number	-9 PM 1: 35
Enclosed is a check for th	e following amount:			SHOHS
□ \$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 Statu Certified Copy (additional copy is enclo	

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

BERUBE BUILD			
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	,	
The Articles of Organization for this Limited Liability Compa	ny were filed on 06/25/20	18 and assign	ned
Florida document number <u>L18000155789</u>		and ussign	iicu
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lin	ability company here:		
PHASE 4 CONSTR	UCTION LLC		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" o	r the abbreviation "L.L.C	3."
Enter new principal offices address, if applicable:			<u>:</u>
(Principal office address MUST BE A STREET ADDRESS)		220	
		7.5 2.8	112
		1	17.
Enter new mailing address, if applicable:		<u> </u>	200
(Mailing address MAY BE A POST OFFICE BOX)			<u>ာက</u>
			<u>—===</u> :=
B. If amending the registered agent and/or registered office	e address on our records, enter the	name of the new re	 Paratzio
agent and/or the new registered office address here:	-,	Total of the new Year	<u>Eister ett</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florid	la	
	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 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
AMBR	KEVIN BERUBE	1505 S. KSt	∑ Add
		Lake Worth, FL 33460	□ Remove
			□Change
MGR	BRADLEY HEDGESPETH	14401 S. Military Trail c 109	iE Add
		14401 S. Military Trail c 109 Delray Beach, FL 33484	□Remove
			□Add
			□Remove
			_ DChange
			_ DAdd
			_ □Remove
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	e, if other than the date e is listed, the date must be sp tte inserted in this block do ective date on the Departn	vos not meet me a	MUDICADIE SIZIUM	ing or more than 90 days ry filing requirements	optional) after filing.) Pursuant to s, this date will not be	o 605.0207 e listed as
ecord specif	es a delayed effective date	, but not an effect	ive time, at 12:0	l a.m. on the earlier o	of; (b) The 90th day	after the
is filed.	•		\			
is filed.	ucch 9	202				
is med.		295		marive of a member		

Filing Fee: \$25.00