| | ease print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. | | | | |
|----------|---|--|--|--|--|
| | (((H20000038788 3))) | | | | |
| | H200000387683ABC3 | | | | |
| Note: DO | O NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. | | | | |
| To: | Division of Corporations Fax Number : (850)617-6383 | | | | |
| From: | Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I2000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 | | | | |
| ्रम् əi | The email address for this business entity to be used for future is not not report mailings. Enter only one email address please.** | | | | |
| | | | | | |

.

Electronic Filing Menu Corporate Filing Menu

FEB 0 4 2020

and assigned

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B. NACHON & DEPABLOS 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 Liability Company were filed on 07/16/2018

Florida document number L18000170292

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

B Nachon Building Solutions LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

| Enter new mailing address, if applicable: | ALL A | |
|---|---|-------|
| (Mailing address MAY BE A POST OFFICE BOX) | | į į |
| | | |
| B. If amending the registered agent and/or registere | d office address on our records, <u>enter the name of the new</u> | 1 i i |
| agent and/or the new registered office address here: | | |
| agent and/or the new registered office address here: Name of New Registered Agent: | | |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

Zip Code

÷

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> | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|----------------|
| <u>-</u> | | | 🖸 Add |
| · | | | 🗆 Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | | 🗆 Remove |
| | | | 🗆 Change |
| | | | 🖸 Add |
| | | <u>-</u> | 🗆 Remove |
| | | | □Change |
| <u> </u> | | | 🗆 Add |
| | | | 🗆 Remove |
| | | | □Change |
| | - <u> </u> | | 🗆 Add |
| | | · | ORemove |
| | | · | Change |
| | | | 🖸 Add |
| | | | 🗆 Remove |
| | | | 🗆 Change |

(3)(b)

| | | | <u> </u> |
|---|--|--|----------|
| | | <u> </u> | |
| | | | <u> </u> |
| | | | |
| | ······································ | | |
| | | · · · · · · · · · · · _ | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | <u> </u> | |
| | | | |
| | | | |
| | - <u> </u> | · | |
| | | | |
| | | | |
| | | | |
| | | <u> </u> | <u> </u> |
| | | | |
| | | | |
| tive date, if other than the date of filing: fective date is listed, the date must be specific and car | | (optional) | |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| ated | February 3 | 2020 |
|------|------------|--|
| | <u> </u> | Signature of a member or authorized representative of a member |
| · | | organizatio or a memory or addicinged representative of a memoer |
| | NACHON, BA | RBARA |
| | | Typed or printed name of signee |