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COVER LETTER

TO: Registration Section Division of Corpora					
SUBJECT: 410	DUNG Up	Framing, L(<u>.c.</u>		
The enclosed Articles of Ame	ndment and fee(s) are sub-	mitted for filing.			
Please return all corresponder	ice concerning this matter	to the following:			
-	Alejand	Name of Person			
-	Ground	Up Framing	7. LC.	T 02	-
-	5905 7	inborwood Di	<u>^.</u>	• • • • • • • • • • • • • • • • • • • •	
-	Lakeland Groundu	FL 338/1 City/State and Zip Code P30 Quail. Co to be used for future annual report notifice	<u></u>	000	
For further information conce			monj		
Alex (Alegana Name of Pers	andro)	at (<u>#13</u>) <u>397-60</u> Area Code Daytime T	982 elephone Number	_	
Enclosed is a check for the fol	lowing amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of Societified Copy (additional copy is	Status &	
Registration	Corporations	STREET/COURIEI Registration Section Division of Corporati Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ground Up 1	Framing, LLC	•
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it how appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L1800017143</u> 0	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		ر.
B. If amending the registered agent and/or regis		ecords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	C21	, FloridaZip Code
	City	zip Coae

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>S</u>	Vicente Aviles	5905 Timberwood Dr.	jX Add
		Lakeland, FL 33811	Remove
			Change
<u>_S_</u>	Arturo Aviles	5905 Timberwood D	Add
		La Keland, Fl 33811	Remove
			Change
			D Ådd
			□ Remove
			Change
			Add
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory	(optional) g or more than 90 days after tiling.) Pursuant to 605.02 filing requirements, this date will not be listed a
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effecti he 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier
ed	
Signature of incomber or authorized represent	tative of a member

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Filing Fee: \$25.00