1180000228445

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





400376841864

12/01/21--01906--012 **25.09

DZIDEC -I PH 3: 07

Y. SCOTT DEC 15 2021

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: Build	Name of Limi	r Leaders, LL ited Liability Company	<u>.</u>
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Angel	Name of Person	
	- Building	Beeter Leader Firm/Company	<u>か. しく</u> 22 22 1
	1541	L E. Panal Leocal Address	
G.	inje Great lead E-mail address: (1	Bresty Leader Firm/Company L. Pond Looch Address OG F1. 33618 City/State and Zip Code Less and Arrazing to be used for future annual report notificall: at (813)	teans. Com
For further information cond	cerning this matter, please co	all:	
Anguera Name of Pe	Paroun	at (S1) Area Code Daytime	Telephone Number
Enclosed is a check for the f	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec	ction	<u>Street Address:</u> Registration Sect	ion
Division of Cor		Division of Corpe	
P.O. Box 6327		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	Leaders, LC
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) [Liability Company]
The Articles of Organization for this Limited Liability Compan Florida document number L 1800228445	y were filed on 9 2td 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oilly Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1944 F Pana (1200) 5 Day
(Principal office address MUST BE A STREET ADDRESS)	-TRANSCO F1. 300418
T-4	ACCIONATION OF THE PROPERTY OF
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SSCO P III
thuring university DE ATOST OFFICE DOXY	3: 07
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
- · · · · · · · · · · · · · · · · · · ·	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>

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.

Save as botove
If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
HA			□Add
l			□Remove
			□Change
			□Add
		SEGRETA A. L. C.	2021 □Remove □□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
		SSEE, EL	PH 33 07
			7 □Remove
			□Change
		\	□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□ Change

				.				
_		<u> </u>			<u></u>			
							_	
					-			
								
			$\overline{}$			7.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3	2021	
			$\overline{}$	<u></u>	<u> </u>			
					: د	<u> </u>		
		· - ·-		\		1 9_	P	
			**			Z Z S	ယ္	
					,	L.)7	
						•		_
								
	·							—
If an effective date is Note: If the date	f other than the date is listed, the date must be s inserted in this block of tive date on the Depart	pecific and cannot does not meet the	applicable statu			ng.) Pur		
e record specifies ed is filed.	a delayed effective dat	e, but not an effe	ctive time, at 12	2:01 a.m. on the ca	rlier of: (b)	The 90	th day	after the
Dated Nov	. 29	<u> </u>	B1.					
	Sign	ature of a member	or authorized repo	resentative of a mem	ber	_		_
	·			if signee				