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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		REBUILDERS LLC		
SUBJEC	- I i	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		LEWIS WILLIAMS		
			Name of Person	<u>.</u>
		UNIFI GROUP		
			Firm/Company	
		1101 E CUMBERLAND	AVE	
			Address	- · · · · · · · · · · · · · · · · · · ·
		TAMPA, FL 33602		
		-	City/State and Zip Code	
		LEWISW@UNIFIMANAC		
		E-mail address: (to be used for future annual report not	tification)
For furth	er information c	oncerning this matter, please c	all:	
LEWIS	WILLIAMS		813 5140321 at ()	
	Name o	f Person	Area Code Daytin	me Telephone Number
Enclosed	l is a check for th	ne following 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		Street Address: Registration Se	ection
	Division of C	Corporations	Division of Co	rporations
	P.O. Box 632		The Centre of	
	Tallahassee, l	たし <i>うと</i> ろ14	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTISAN REBUILDERS LLC		
(<u>Name of the Limited Lia</u> (A Flo	lity Company as it now appears on our record da Limited Liability Company)	<u>(S.</u>)
The Articles of Organization for this Limited Liability Florida document number L18000262242	Company were filed on NOVEMBER 08	. 2018 and assigned
This amendment is submitted to amend the following		
A. If amending name, <u>enter the new name of the l</u>	nited liability company here:	
ARTISAN HOLDINGS LLC		
he new name must be distinguishable and contain the words "I	mited Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
•		
3. If amending the registered agent and/or registe		the name of the new regis
gent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	SS
	, FI	lorida
_	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 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 = M	from our records: 1anager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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If an effective date is Note: If the date i	fother than the date of filing:	
e record specifies and is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
Dated	9TH 2022	
	Signature of a member or authorized representative of a member	
LEWIS	S WILLIAMS	
	Typed or printed name of signee	

Filing Fee: \$25.00