L18000283404

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	egistration S ivision of Co		.•	اسم	;
SUBJECT		N + BUILD LLC	•	م م	.
SOBJECT		Name of Lin	mited Liability Company		- ••
The enclose	ed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Picase retui	m all corresp	ondence concerning this matte	r to the following:		
		ROBERT P. PUCKETT			
			Name of Person		 -
			Firm/Company		_
		1748 NW 58TH LANE			
			Address		
		OCALA, FL 34475			
		ROB@JHOCALA.COM	City/State and Zip Code		_
For further i	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report all:	t notification)	-
ROBERT P		,,	352 266-929	7	
	Name o	f Person	at () Area Code Da	ytime Telephone Numb	ner
Enclosed 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)	Certifie	Filing Fee, cate of Status & ed Copy al copy is enclosed)
	iling Addres gistration S		Street Address Registration		
Di	vision of C	orporations	Division of 0	Corporations	
	D. Box 632 Hahassee, F			of Tallahassee nroe Street, Suite	Ω ΙΛ
	, -		471J IN. 1910)	moe sueci, suit	OIA

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida L	amited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number L18000283404	mpany were filed on DECEMBER 10, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ISS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WILLAIM A. MARTTER, JR.	1748 NW 58TH LANE	🗀 Add
		OCALA, FL 34475	
			Change
MGR	BECKY PUCKETT	1748 NW 58TH LANE	
		OCALA, FL 34475	□Remove
			□Change
			DAdd
			□Remove
			Change
			□Remove
			□Change
			□Remove
			_ 🗆 Change
			□Add
			□ Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
,	
If an ef Note:	ive date, if other than the date of filing:
e recor rd is fi	d 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 led.
Dated	Signature of a member or authorized representative of a member
	ROBERT P. PUCKETT
	Typed or printed name of signer