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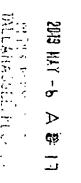
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Build850 LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Tate Watson	
Build 850 LLC Firm/Company	
367 Whispering Lake Dr. Address	
Santa Rosa Beach FL 32459 City/State and Zip Code	
tate 850 Brilling Group. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tate Watson at (\$50) 642-7500 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	

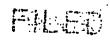
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Build858	DLLC	20,19 HAY -6 A	FIRM
(Name of the Limite	LLC d Liability Company as it now appears of A Florida Limited Liability Company)	nour records.) 163 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.18.23 1.18.23
The Articles of Organization for this Limited Lia Florida document number	ability Company were filed on1	2-14-18	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here	;	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the desi	gnation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREET	T ADDRESS)		
			<u>. </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	BOX)		
B. If amending the registered agent and/or the new registered off		our records, <u>enter the</u>	name of the no
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	i street address	
		, Florida	
	City		ip 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> Name Address Type of Action Tate Watson MGR 367 Whispering Lake Dr Santa Rosa Beach, FL 32459 ☐ Remove Change AMBR Christopher Zavala Bonifay, PL 92425 ÆrAdd □ Remove ☐ Change AMBR Iban Jaime 1914 Allison Ave DAdd Panama City Beach, FL 32407 Remove ☐ Change AMBR Michael Hamitton 9037 Timber Ln Navarre, FL 32566 □ Add Remove ☐ Change AMBR Connor Jones 7541 Old Bicycle Rd Panama City, FL 72404 **≱**C∧dd ☐ Remove □ Change _□ Add ☐ Remove

_□ Change

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Page 3 of 3

Filing Fee: \$25.00