L19000055452

Office Use Only



400331582434

07/17/19--01009--029 **25.00

PILED 2019 JUL 17 AM 9: 20 SEÇIR ANA SESSE SERVE

JUL 2 4 2019 C Kinsey

COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|----------------|------------------------------------|--|---|--|
| CUDII | | ONAL BUILDERS LLC | | |
| SUBJI | ECI: | Name of Lim | ited Liability Company | |
| The en | closed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | DARREN R. GOLDSTEI | N | |
| | | | Name of Person | |
| | | EXCEPTIONAL BUILDS | ERS LLC | |
| | | | Firm/Company | |
| | | 110 FRONT STREET SUITE 300 | | |
| | | | Address | |
| | | JUPITER, FL 33477 | | |
| | | DG@EXCEPTIONALBUI | City/State and Zip Code LDERS.COM | |
| | | E-mail address: (| to be used for future annual report notifi | cation) |
| For fur | ther information co | oncerning this matter, please co | all: | |
| DARR | REN R. GOLDSTE | ni | 56 i 262-0730 | |
| Name of Person | | | | Telephone Number |
| Enclos | ed is a check for th | e following amount: | | |
| ■ \$2: | 5.00 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 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

| EXCEPTIONAL BUILDRS LLC | | | | | |
|---|-------------------------------|--|--|--|--|
| (Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company) | ords.) | | | | |
| The Articles of Organization for this Limited Liability Company were filed on 3/5/2019 Florida document number 1/2 19000055452 | | | | | |
| his amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liability company here: | | | | | |
| he new name must be distinguishable and contain the words "Limited Liability Company," the designation "I | JLC" or the pibrevia "L.L.C." | | | | |
| Enter new principal offices address, if applicable: | | | | | |
| Principal office address MUST BE A STREET ADDRESS) | | | | | |
| nter new mailing address, if applicable: | AM 9: 20 | | | | |
| Mailing address MAY BE A POST OFFICE BOX) | <u> </u> | | | | |
| | | | | | |
| If amending the registered agent and/or registered office address on our recognistered agent and/or the new registered office address here: | rds, enter the name of the | | | | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| Emer Florida street ada | lress | | | | |
| | Florido | | | | |

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.

City

Zip Code

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 |
|--------------|---------------------|---|----------------|
| AMBR | WILLIAM S. BRAMHALL | | |
| | | 110 FRONT STREET STE 300 JUPITER, FL 33477 | ■ Remove |
| | | | Change |
| | | | □ Add |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | D Add |
| | | | Remove |
| | | | ☐ Change |
| | | | Add |
| | | | □ Remove |
| | | | ☐ Change |

| | <u> </u> | | _ | | | _ |
|--|--|---|--|---|--|--------------------|
| | | - | | | | _ |
| | | | | | | |
| | | | | | | _ |
| | | - - | | | | _ |
| - | | | | · <u>· · · · · · · · · · · · · · · · · · </u> | | _ |
| | | · | | | | _ |
| | | | | | | _ |
| | | | | | | _ |
| | | <u>.</u> . | | · <u>-</u> . | | _ |
| | | | | | | _ |
| | | | , | | | _ |
| | · · · · · · · · · · · · · · · · · · · | | | <u></u> | | _ |
| | | | | | | _ |
| | · | -, | | | - | _ |
| | _ | <u>-</u> | | | | _ |
| | | | <u>-</u> | | _ | _ |
| 9.9 | | | | | | |
| | | JULY 14, 2 | 'N19 | | | |
| Effective date, if other than the date of the date is listed, the date of the date inserted in this document's effective date on the | must be specific a s block does not | ng: ind cannot be prior i meet the applic | to date of filing or nable statutory filin | ore than 90 days afte | ional) r filing.) Pursuant to 60 is date will not be lis | 05.0207 sted as |
| the record specifies a delay The 90th day after the r | yed effective ecord is filed | date, but no 1. | t an effective t | ime, at 12:01 | a.m. on the earl | tier of |
| Dated | | 2019 | | | | |
| | | - 91 d | Ast. | of a member | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00