1190000 78921

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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05/08/18--01015--014 **25.00



Amend

MAY 1: 2019

COVER LETTER

Division of Corpor	rations						
SUBJECT:	Buildings &	Builders L	LC				
30031.01.	Name of Limi	ted Liability Company					
The enclosed Articles of Am	endment and fee(s) are sub-	nitted for filing.					
Please return all corresponde	nce concerning this matter	to the following:					
	Elia	S Bruzual	١				
		Name of Person					
	Build	Ings & Bur	ilders				
	2813 Ex	ecutive Par	ik Dr.	Soile 126			
		Address					
	Weston	FL 3333	1				
_		City/State and Zip Co					
		to be used for future ann	mal report not	incation)			
For further information cone							
Elias Bro		at (<u>786</u>)	at (<u>786</u>) 302 - 9728 Area Code Daytime Telephone Number				
Name of Pe	rson	Area Code	Daytin	ne Telephone Number			
Enclosed is a check for the fo	ollowing amount:						
S25.00 Filing Fee I	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy is	y *	□ \$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

ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ Florida document number __L19000078921 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 2813 Executive Park Dr. Suite 126

Enter Florida street address New Registered Office Address:

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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
			☐ Remove
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locui	ment's effei	etive date on	the Departm	ent of State	e's records						
e re	cord spe	cifies a del	laved effec	tive dat	e, but no	ot an eff	ective tir	ne, at 12	:01 a.m.	on the earl	lier of:
Th	e 90th da	y after the	e record is		·			·			
	ADI	1 30)th		2019						
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Date											

Page 3 of 3

Filing Fee: \$25.00