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(Re	questor's Name)	<u> </u>
. (Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corpora				
SUBJECT:	Doo Build 1	-LC	· · · · · · · · · · · · · · · · · · ·	
	Name of Limit	ted Liability Company		
The enclosed Articles of Ame	ndment and fee(s) are subn	nitted for filing.		
Please return all corresponden	ce concerning this matter t	o the following:		
· -	Yaiza Lópe	Name of Person		
-		LC Firm/Company		
-	2937 SW 27	AVE . Ste	101	
-	Miami, FL	33 (33) City/State and Zip Code	e	
	a admin @c			
For further information conce		o be used for future annua	n report notification)	
Yaiza Ló	pez	at (786_)_	547-066	6
Name of Per	son	Area Code	Daytime Telepho	ne Number
Enclosed is a check for the fo	llowing amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is ea		\$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

,	Build LLC		2
(Name of the Limited Liabili (A Florida	ity Company as it now ap a Limited Liability Compar	oears on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	05/06/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company	here:	
FORN BUILDS LLC			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," t	he designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
	<u> </u>		
Enter new mailing address, if applicable:		 	
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on ou	er records, <u>enter the name</u>	e of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter	Florida street address	
		, Florida	
	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Title</u>	<u>Name</u>	Address 7 · C 13 Fill 12	Type of Action
VP	Juan Coulos Re Longh		□Add
		2937 SW Z7 AVE, Swite 101	⊠ Remove
		Miami, PL, 33133	□Change
			□Remove
			🗀 Change
			□Add
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etive date, effective date	is listed, the	date must	be specific	and ca	nnot be	/25 prior to de	te of filin	g or more	than 90	days at	tional) ter filing	.) Pursua	nt to 605.0 t be liste
ment's effe	ctive date	on the De	partment	of Stat	e's reco	ords.		, ,	·				
ord specific	s a delayed	effective	date, but	not ar	effecti	ve time,	at 12:01	a.m. on	the ear	lier of:	(b) T	he 90th c	lay after
d	10	107/	7	<u> </u>	207	<u>O</u>		/ai)			