L19003131280

Ø.		
	(Requestor's Name)	
	(Address)	
	(Address)	
ಕ್ಷ		
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	 -
Certified Copies	Certificates of S	Status
Special Instructions	s to Filing Officer:	
<u>.</u> ७		

Office Use Only



400334745334

09/19/19--01023--012 **25.00

2013 SEP 19 FH 2: 18

SEP 1 9 2019

COVER LETTER

TO:		tion Secti of Corpo			
SUBJE		LDI N G A	BOND LLC		
30 183 11	<u> </u>		Name of Limi	ted Liability Company	
The end	closed Arti	cles of Ar	nendment and fee(s) are subt	mitted for filing.	
Please	return all c	orrespond	ence concerning this matter t	to the following:	
			TRENARE EPPS		
			BUILDING A BOND LLC	Name of Person	
			P.O. BOX 300494	Firm/Company	
			FERN PARK, FL 32730	Address	
			BABLLCFL@GMAIL.COM	City/State and Zip Code	
				o be used for future annual report	notification)
For fur	ther inforn	nation con	cerning this matter, please ca	all:	
TREN	ARE EPP			at () 790629	
		Name of P	erson	Area Code Da	ytime Telephone Number
Enclos	ed is a chec	ck for the	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

BUILDING A BOND LLC		
(<u>Name of the Limited L.</u> (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
e Articles of Organization for this Limited Liabiliorida document number L19000131280		and assigned
is amendment is submitted to amend the following	g:	
If amending name, enter the new name of the	limited liability company here:	
		<u></u>
e new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	
iter new principal offices address, if applicable	:	<u> </u>
rincipal office address MUST BE A STREET A	DDRESS)	H 19
		<u> </u>
		1818 1818 1818 1818
nter new mailing address, if applicable:		<u> </u>
Tailing address MAY BE A POST OFFICE BOX	9	
	-	
If amending the registered agent and/or	-	nter the name of the
gistered agent and/or the new registered office	address here:	
Name of New Registered Agent:		_
New Registered Office Address:	W	
	Enter Florida street address	
	, Florid	aZip Code
	City	zip Coae

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:

<u>Title</u>	<u>Name</u> BILLIE JO GREEN	Address 1000 SCHOOL ST #53	Type of Action
AMBR		DES MOINES, IA 50309	
			☐ Remove
			Change
AMBR	Delyla Green	2012 Schüller Nay Casselberry, FL 3270	∂ ∏_ ⊕ Add
			Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
		***	Change
			☐ Remove

_____ Change

_	
-	
-	
_	
-	
-	
-	
_	
_	
_	
_	
_	
-	
-	
_	
_	
-	
(II an ell Note:	e date, if other than the date of filing:
the rec) The	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 0th day after the record is filed.
Dated	EPTEMBER 19 2019
Dutou	P (()
	Signature of a member of authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00