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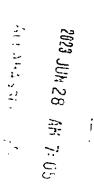
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(Address)
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(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	MANDERBIL	T DESKAN	BUILD, LC
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ke	ELASKI	<i>.</i>
	LANDER.	Name of Person BUT DESTYLL Firm/Company	<u>0 BUL</u> D, LCC
	271	SONTBAY,	232
	NAPL	City/State and Zip Code	34108 (1) (D) (D) (D) (D)
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Lew 1	TASKA	ar (3/3) 59	98 1122
Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 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 Addres Registration S		Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632	7	The Centre of T	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	ability Company were filed on	and assigned
Florida document number	······································	وقع المناطقة
This amendment is submitted to amend the follow	wing:	28
A. If amending name, enter the new name of	the limited liability company here:	3
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B		
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office address on our records, <u>enter</u> <u>s here</u> :	the name of the new registered
Name of New Registered Agent:	CONNOR FLA	25KA
New Registered Office Address:	27/ SOUTHBAY Enter Florida street addres	, 232
	1)21/2	orida 34108 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
NCP	CONNOR FLACKA	ZTI SOUTTUBRY Z32, NAPLES, FL 34KE	≫Add
		34R	☐ Remove
			□ Change
			□ Add
			□Remove
			□Change
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lf an eff Note:	ive date, if other than the date of filing:
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	6-20 2023 (ADD)
	44 Clean
	Signature of a member or authorized representative of a member