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COVER LETTER

TO:

TO: Registration S Division of Co			
SUBJECT: BY	ilder Beast	UC	
Solution.		ited Liability Company	ı
The enclosed Articles o	f Amendment and fee(s) are sub	this matter to the following: Henry Narie of Person Ider Beast LLC Firm/Company 9 Seaboard and Address Jax, FL 32244 City/State and Zip Code LingHenry 1031 Egmail.com ail address: (to be used for future annual report notification) er, please call: at (904) 444-5442 Area Code Daytime Telephone Number tt: Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, The state of	
Please return all corresp	ondence concerning this matter	to the following:	
	Cric He	Name of Person	
	Builder	Beast LL	
	Dalcing H E-mail address: (to be used for future annual report no	ill- com
For further information	concerning this matter, please ca	all:	
aric t	denry of Person	at (904) 44 Area Code Daytin	4 - S442 me Telephone Number
Enclosed is a check for	the following amount:		;
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Regisi Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 assee, FL 32314	Registration Section Division of Corportion Building 2661 Executive C	on orations Center Circle

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Builder Beast LLC	
(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 Liability Company were filed on $\frac{7}{10}$ $\frac{19}{19}$ a Florida document number $\frac{19000178283}{19000178283}$.	nd as
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 abbreviat	ion "L
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
	19 \$
	SEP 25
Enter new mailing address, if applicable:	25
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	<u>, 1,3</u>
B. If amending the registered agent and/or registered office address on our records, enter the nregistered agent and/or the new registered office address here:	ame
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	1
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this being filed to merely reflect a change in the registered office address, I hereby confirm that the limited accompany has been notified in writing of this change.	ar wit
If Changing Registered Agent, Signature of New Registere	d Ager

if amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records: MGR = Manager AMBR = Authorized Member <u>Address</u> Type **Title** Name 5529 seabourd ave Jacksonville, FL aric H □ Re 32244 **EX**Ch □ Re □ Ch: □ Ad 🗖 Ren ☐ Char _d Add □ Rem _□ Chan □l∧dd □Remo .□¦Chan □ Remo

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e reco	and specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the $90th\ day\ after\ the\ record\ is\ filed.$	e¦earl
ated _		
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	Signature of a member or authorized representative of a member	
	Eric Henry	
	Typed or printed name of signee	
		- 1

D. If amending any other information, enter change(s) here: (Attach dautional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00