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## **COVER LETTER**

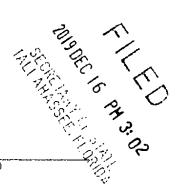
	Registration S Division of Co				
PHD IDA		lders Solutions, LLC			
SUBJEC	.I: <u></u>	Name of Lin	nited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Megan Richardson			
	Name of Person				
	M&B Builders Solutions LLC				
Firm/Company					
	5849 NE 6th CT				
	Ocala / FL / 34479				
	City/State and Zip Code				
	mla4306@yahoo.com  E-mail address: (to be used for future annual report notification)				
For furth	ur information (	n-mail address: ( concerning this matter, please c	-	ication)	
		concerning this matter, prease c			
Megan Richardson			850 728-6402 at ()		
	Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for t	he following amount:			
□ \$25.0	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, F1, 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



M&B Builders Solutions, LLC

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

ent: agree to act in this capa	reet address, Florida Zip Code city. I further agree to comply with the luties, and I am familiar with and
City	
	records, enter the name of the new
<u> </u>	
Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
liability company here:	
1	<u>S)</u>

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
MGR	Bulmaro Martinez	5849 NE 6th CT Ocala, FL 34479	Add
			☐ Remove
			☐ Change
		<del></del>	
			□ Remove
			Change
			□ Remove
			□ Change
		Remove	
			Change
		□ Add	
			Change
			Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>
· · · · · · · · · · · · · · · · · ·
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record 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 record is filed.
Dated Dec 14 . 2019.
Signature of a member or authorized representative of a member
Meyon Richardson Typed or printed name of signee

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Filing Fee: \$25.00