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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113

Fax Number : (215)977-9386

nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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Help

From: M. BURR KEIM CO

Fax: 12159779386

To:

Fax: (850) 617-6383

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

INSID RE PROPERTY LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	_
The Articles of Organization for this Limited Liability C	Company were filed on 09/03/2019 an	d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Buildmate Development LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ed office address on our records, enter the name of the	new registere
	· . ·	- 6
	, Florida	ode -
New Registered Agent's Signature, if changing Registere	ed Agent:	
hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a	and agree to act in this capacity. I further agree to complete performance of my duties, and I am familian segent as provided for in Chapter 605, F.S. Or, if this conditions address, I hereby confirm that the limited lice	comply with the r with and document is
	If Changing Registered Agent, Signature of New Registered	Agent

From: M. BURR KEIM*CO

MGR = Manager

Fax: 12159779386

To:

Fax: (850) 617-6383

Page: 3 of 4

12/06/2023 1:24 PM

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member					
<u>Title</u>	Name	Address	Type of Action		
			Cl Add		
			□Remove		
			Change		
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			Change		

To:

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CCC41	- AL AL - J-A C (71)		(antional)	
Note: If the date insert	than the date of filing: the date must be specific and cannot d in this block does not meet the te on the Department of State's	e applicable statutory filing	ore than 90 days after filing.) Pur g requirements, this date will	suant to 605.0207 not be listed as
e record specifies a dela rd is filed.	yed effective date, but not an effe	ective time, at 12:01 a.m. o	on the earlier of: (b) The 90	th day after the
December 15	202	3 /		
Dated			1-0	

Typed or printed name of signee