L2000006370Z

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
(*************************************	CUSTOM	BUILT BY DESIGN, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		DIOGO M FELIX			
			Name of Person		
		CUSTOM BUILT BY DESIGN LLC			
	Firm/Company				
		2671 SWAMP CABBAGE	COURT		
			Address	··-	
		FORT MYERS, FL 33901			
			City/State and Zip Code		
		DMFELIX@OUTLOOK.C			
		E-mail address: (to be used for future annual report no	otilication)	
For further in	nformation c	oncerning this matter, please ca	all:		
DIOGO M I	FELIX		239 400-5060 at ()		
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a	a check for th	he following amount:			
		☐ \$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)	
Re	iling Addres	Section	Street Address: Registration S		
	vision of C D. Box 632	Corporations 27	Division of Co The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CUSTOM BUILT BY DESIGN, LLC

(Name of the Limited (A	Liability Company as it now appears o Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liab Florida document number 1.20000063702	ility Company were filed on 02/26	/2020 Sand assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here	:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the design	gnation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address h	istered office address on our reco nere:	rds, enter the name of the new registered
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida	street address
-		, Florida
	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 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 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	CHRISTIAN CURY	2671 Swamp Cabbage Court - Fort Myers, FL 33901	l ≣Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ffective date, if other than the date of filir an effective date is listed, the date must be specific ar ote: If the date inserted in this block does not ocument's effective date on the Department of	nd cannot be prior to meet the applica	o date of tiling or ible statutory fil	more than 90 d	_ (optional) ays after filing ents, this date	A Porgrant to 605	.0207 ed as
record specifies a delayed effective date, but no is filed.	ot an effective tin	ne, at 12:01 a.m	, on the earlie	er of: (b) Th	ne 90th day after	r the
October 1st	2020	_ ·				
	member or author	eliv:				
orgnature of a	memoer or aumor	·γeα representativ	ve of a member	-		

Filing Fee: \$25.00