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COVER LETTER

TO:	Registration Sec Division of Corp			
CUDIE		L BUILDING SOLUTIONS I	LC	
SUBJE		Name of Limi	ited Liability Company	•
		Amendment and fee(s) are sub-		
Please	return all correspor	ndence concerning this matter	to the following:	
		CEDRIC SMITH JR		
			Name of Person	
			Firm/Company	
		PO BOX 830955		
			Address	
		OCALA, FL 34483		
			City/State and Zip Code	
		~	BUILDINGSOLUTIONS.COM	
		E-mail address: (to be used for future annual report no	otification)
For fur	ther information co	oncerning this matter, please co	all:	
CEDR	IC S SMITH JR		352 598-6192	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$2	5.00 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	s:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 27_AM 11: 38 (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SEURE MRY OF STATE
TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on APRIL 8. 2020 and assigned 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 abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	Iress
	,	FloridaZip Code

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FINANCIAL BUILDING SOLUTIONS LLC

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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