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PICK-UP	WAIT	MAIL
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COVER LETTER

SUBJECT: Buildirmen Transportation LLC		
SUBJECT: DUI CUS N STY WIND - OF THE FIDE LLL Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Name of Person		
Building Transportation LLC		
11234 Sullivan St Address		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Robert Fould at (X13) 810-63 X1 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
S25.00 Filing Fee S30.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	us &	
Mailing Address: Registration Section Street Address: Registration Section		
Division of Corporations Division of Corporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Buildermen Iransportation LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
he Articles of Organization for this Limited Liability Company were filed on 5/11/2020 and assigned lorida document number
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)
. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> gent and/or the new registered office address here:
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: 11334 Sull Van St.

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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jeffrey James	547 Oak Creek Dr.	🗆 Add
		Brandon FL, 33511	Remove
			Change
AMBR	Frankie Bailey	2816 SW 1615+ LOOP	M Add
		Ocala, FL, 34473	□Remove
			\(\sum \) Change
<u>AMBR</u>	Talese Bailey	2816 SW 161St LCOP	XAdd
		Ocola, FL, 34473	□Remove
			Change
AMBR L	Lorisa Morley-Litt	te 10754 Rackledge.	l Add
		View Dr.	□Remove
		Riverview, FL 33579	Change
			🗆 Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
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 Stytember 24 . 2024 Signature of a member or authorized representative of a member
Robert Fowler Typed or printed name of signee

Filing Fee: \$25.00