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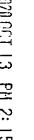
(Requestor's Name)
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COVER LETTER

TO: Registration S Division of Co			•
SUB IECT:	Gut Err Built Construc	etion LLC	
subject:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Sonia Becerra	
		Name of Person	
		Swyft Filings, LLC	
		Firm/Company	
	3 (Greenway Plaza #1320	
		Address	
		Houston, Texas 77046	
		City/State and Zip Code	
		filings@swyftfilings.com to be used for future annual report notif	Wind to a N
			ncanon)
For further information	concerning this matter, please ca	att:	
Sonia	Becerra	at (677) 777-04 Area Code Daytim	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 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)
	LING ADDRESS: stration Section	STREET/COURI Registration Sectio	

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili	nt Err Built Constructi ty Company as it now appears Limited Liability Company)		
The Articles of Organization for this Limited Liability C Florida document numberL20000258135	ompany were filed on	08/20/2020	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company her	<u>e</u> :	
Get Err B	Built Construction LLC		
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the des	signation "LLC" or the abbro	<u></u>
Enter new principal offices address, if applicable:			5 20 C
Principal office address MUST BE A STREET ADDR	PESS)		
			<u>ယ</u>
		<u> </u>	
Inter new mailing address, if applicable:			5
Mailing address MAY BE A POST OFFICE BOX)	_		വ
3. If amending the registered agent and/or registered agent and/or the new registered office addi		our records, <u>enter th</u>	e name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floria	la street address	
	Z'in.	, Florida	Zip Code
	City		ляр Соае

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			Change
			Remove
			Change
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ne record specifies a The 90th day after			t an effectiv	e time, at 12:0	1 a.m. on t	the ea	rlier of
Dated	25	. 2020	·				
	× Reflect Signature of a	A Lym.	al Ar.	ive of a member			
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			HOWARD ed name of signed				•

Page 3 of 3

Filing Fee: \$25.00