## LZ0000288962

(Re	questor's Name)	
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## **COVER LETTER**

TO: Registration S Division of Co		,	
A to Z Ho	me Builders LLC	•	
SUBJECT		ited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Sara Daugherty		
	<del></del>	Name of Person	
	A to Z Home Builders LLC	2	
	<del></del>	Firm/Company	
	505 W Hickpochee Ave St	nite #200109	
		Address	
	Labelle, FL, 33935		
	saradaugherty@gmail.com	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Sara Daugherty		239 296-4236 at ( )	
Name	of Person		: Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
NEUDINU A AAA		Street Address	

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

Street Address: 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

A to Z Home Builders LLC		
( <u>Name of the Limited Lial</u> (A Flor	hility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on September 15, 2020	and assigned
Florida document number L20000288962	·	2020
This amendment is submitted to amend the following	:	BCT FIL
A. If amending name, enter the new name of the li	imited liability company here:	and assigned  FILED  PH  PH  Abbreviation 141 C
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the	J.
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		name of the new registero
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:	Enter Florida street address	
	r.nier r tortaa street aaaress	
	, Florida	Zio Code
	CHI	ng coae

## 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>	Name	Address	Type of Action
AMBR	Sara M Daugherty	908 Lee Ave Lehigh Acres, FL 33972	<b>=</b> Add
			Remove
			Remove  Change  Gladd
AMBR	Adrian Chavez	433 Vanetta Dr Lehigh Acres, FL 33972	
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