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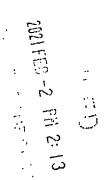
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COVER LETTER

Division of Cor			
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:	
		Name of Person	
		Firm/Company	
		· ····································	
		Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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)
Mailing Addres		Street Address:	.•
Registration S Division of C		Registration Sec Division of Corp	
Division of C	OFDOFAHORS	DIVISION OF COL	JUIAHUHS

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

Bult By NWHI 111

(Name of the Limited Liability Comp.	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/14/20	and assigned
Florida document number <u>L_2000383268</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nan</u>	ne of the new regist
Name of New Registered Agent:		20
New Registered Office Address:	Enter Florida street address	21 E.C.
	, Florida	
	City	Zip Code [1
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	2

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	Richard Belton	11230 trackewind way cooper city	<u>′</u> □Add
		[] 33026	ID Kemove
			□Change
MGR	Davante Wittshire		□Add
			□Remove
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effec <u>e:</u> I	ctive date is If the date i	listed, the date inserted in th	the date of lands the date of lands the specific block does the Department	ic and cannot l not meet the	be prior to date applicable sta	021 of filing or more atutory filing re	than 90 days aft	t ional) er filing.) Pursua nis date will no	nt to 605.020 t be listed a
cord i file		a delayed effe	ective date, bu	t not an effe	ctive time, at	12:01 a.m. on t	he earlier of: ((b) The 90th o	iay after the
ed _	Jan 25	14 ,2021) eta (The		·	epresentative of a			

EU E 645.00

Typed or printed name of signee