# LZ100066095

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #	<u>()</u>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
		5/24/21 5/24/21

Office Use Only



600362440976

04/02/21--01007--019 ++25.00

ON APR -2 FM 3: 53

#### **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: BU	Name of Limited	2 Carstruct Liability Company	ion_LC
The enclosed Articles of Ame	endment and fee(s) are submit	tted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
-	Samuel	Peterson Name of Person	
	<del> </del>	Firm/Company	·
į	46 Fisher	MGOS COSC ( Address	dr
	telejewat	City/State and Zip Code	
-	E-mail address; (to l	ne used for future annual report notificat	Descriptions Com
For further information conce	erning this matter, please call:		
SCANCIEL V Name of Per	Leterson_	at (3810) 248 - Code Daytime Te	574 dephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee I	□ \$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)

#### Mailing Address:

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

#### Street Address:

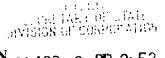
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT

Builder Payz Construction uc

### TO

## ARTICLES OF ORGANIZATION 21 APR -2 PP 3: 53



OF

(Name of the Limit	(A Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number	iability Company were filed on $02 \cdot 08 - 2021$ and assigned $0.095$
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	f the limited liability company here:
The new name must be distinguishable and contain the w	words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	<u>ΒΟΧ)</u>
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered office address on our records, enter the name of the new registered ss here:
Name of New Registered Agent:	Sanciel Peterson
New Registered Office Address:	146 tshemas cove DR Enter Florida street address
	Edge City, Florida 32141 Zip Code
at the talk as at of a restriction	Dec Sate and America

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.

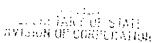
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

ONLY STOR OF JORPHRANDS

MGR = Manager AMBR = Authorized Member 21 APR -2 PA 3:53

<u>Title</u>	<u>Name</u>	Address	Type of Action
7MBR	Samuel Pelerson	Address 146 Forermans ( ) Falgenteter FL 32141	Love Dr.
			□ Remove
			[] Change
			🗖 Add
			□Remove
			□Change
			□Add
		<del></del>	□ Remove
			(]Change
		<del></del>	□Add
			□Remove
			□Change
			🗆 Add
			🗀 Remove
			□Change
			🗆 Add
			□Remove
			□Change



f amer	AVISION OF CORPUNANTO ding any other information, enter change(s) here: (Attach additional sheets, if 121e APR 22 PA 3: 50
	Its being ammended soit
_	can be listed as a authorized
_	COR
_	
_	
_	
_	
_	
_	
-	
_	
_	
Lan elle <u>Note:</u> 1	re date, if other than the date of filing: (optional) (optional) (etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records.
e record rd is file	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 d.
Dated _	0 C(Ch 27, 2021)