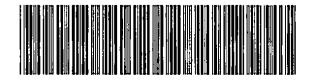
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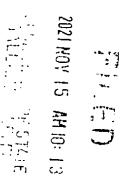
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| PICK-UP WAIT MAIL | | | |
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Office Use Only



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A. BUTLER DEC 4 2021

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Bach Building Solutions, UC. 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: |
| Kenneth J. Bach Name of Person |
| Bach Building Solutions, uc. |
| 5709 Milmor Dr. S Address |
| Jackson VIII. Fl. 32207 City/State and Zip Code Dach building Solutions amount com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Kenneth J. Bach Name of Person at (904) 700-4747 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: \$\sum_{1}\$25.00 Filing Fee \sum_{255.00}\$ Certificate of Status \tex |
| <u>Mailing Address:</u> Registration Section Street Address: Registration Section |

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

ed Liability Company as it now appears on our records 1/1/15 (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MOYCh : Florida document number <u>L 2100</u>0097439 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

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 |
|--------------|--------------------|---|----------------|
| <u>ambr</u> | stephen J. leggett | 2571 Montreal St Atlantic Bch., F1 32233 | Add |
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| (If an e | ctive date, if other than the date of filing: | ptional) after filing.) Pursuant to 605.0207 (3 this date will not be listed as th |
| ha race | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of filed. | f: (b) The 90th day after the |
| ord is f | | |
| ord is f | a November 9 . 2021 | |

Typed or printed name of signee