

L21000129749

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : HAND ARENDALL HARRISON SALE LLC  
Account Number : 120190809128  
Phone : (850)769-3434  
Fax Number : (850)769-6122

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jcampfield@handfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MONOLITHIC BUILDING SYSTEMS LLC

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TALLAHASSEE, FLORIDA

Aug 22 2022  
Brumbley

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COVER LETTER

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TO: Registration Section  
Division of Corporations

SUBJECT: MONOLITHIC BUILDING SYSTEMS LLC

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:

ANNETTE RUBIN

Name of Person

MONOLITHIC BUILDING SYSTEMS LLC

Firm/Company

PO Box 582

Address

Shalimar FL, 32579

City/State and Zip Code

amrubin@buildmbs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANNETTE RUBIN

850 287-6657

Name of Person

at ( )

Area Code

Daytime 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)

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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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MONOLITHIC BUILDING SYSTEMS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/19/2021 and assigned  
Florida document number L21000129749.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1000 EGLIN PKWY

(Principal office address **MUST BE A STREET ADDRESS**)

#582

SHALIMAR, FL 32579

Enter new mailing address, if applicable:

PO Box 582

(Mailing address **MAY BE A POST OFFICE BOX**)

Shalimar FL, 32579

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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

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

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Handing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H22000277613 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CONRAD, ROBERT W.	34990 EMERALD COAST PKWY, STE 335	<input type="checkbox"/> Add
		DESTIN, FL 32541	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	1+6A, LLC	PO Box 582	<input checked="" type="checkbox"/> Add
		Shalimar, FL 32582	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RUBIN, ANNETTE	34990 EMERALD COAST PKWY, STE 335	<input type="checkbox"/> Add
		DESTIN, FL 32541	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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