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(Red	questor's Name)	
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT M (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Bus	siness Entity Nar	me)
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Hified Buildin	ng Contractors Med Liability Company	of florida, 11	/_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ndence concerning this matter	to the following:		
	Guy He	PWS Name of Person		
	Same	Firm/Company		
	536 Pinn.			
	Liberty, CMe20	Address ME 0494 City/State and Zip Code O 10	19 0,00m	
For further information c	oncerning this matter, please ca	·	neation)	
Guy	Person	at 207_32	227663 e Telephone Number	
Enclosed is a check for th	e following amount:			
Ø\$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)	
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassec, FL	porations allahassee e Street, Suite 810	

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OF (70077	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	10
(Name of the Limited Liability Company as it now appears on our records.)	7
	10
The Articles of Organization for this Limited Liability Company were filed on 3/29/2021 and assigned	
Florida document number $\frac{L21000/46539}{L21000/46539}$	
This area to a six to the six to	\sim
1/ NOI Zel	50
A. If amending name, enter the new name of the limited liability company here:	
Certified Building Contractors of florida, LLC	_
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."	
Enter new principal offices address, if applicable: 556 Finnacle Rd	
(Principal office address MUST BE A STREET ADDRESS) FISH THE CHICAGO	
7998 lexas Trail	
Boca Raton FL, 3598)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX) Liberty ME 04949	
P. If amonding the registered exact and/a society of 65	
B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:	<u>ed</u>
NA	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address: Enter Florida street address	
New Registered Office Address: Enter Florida street address	
New Registered Office Address:	
New Registered Office Address: Enter Florida street address , Florida, Florida,	

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>	<u>Address</u>	Type of Action
		 	□ Add
			Remove
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record s is filed		elayed effective dat	te, but not an effectiv	e time, at 12:01 a.m	i. on the earlier o	f: (b) The 90th day aft	er me
ated <u>(</u>	Tin/4	1/1/	20	2/			
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		Sign	nature of a member or a	uthorized representati	ve of a member		
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