L21000162235

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COVER LETTER

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SUBJECT:	The Build	ing Proof LLC				
500gise1		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:				
		Sonia Becerra				
	Name of Person					
	Swyft Filings, LLC					
	Firm/Company					
	3 (3 Greenway Plaza #1320				
		Address				
		Houston, Texas 77046				
	-	City/State and Zip Code				
	filings@swyftfilings.com					
	E-mail address: (to be used for future annual report notifi	cation)			
For further information of	oncerning this matter, please ca	all:				
Sonia Becerra		at (877) 777-045 Area Code Daytime				
Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed is a check for the	he 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:

· TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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The Building Proof 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 ________________________________and assigned L21000162235 Florida document number 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 "LLC." 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 _, Florida _ City

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:

. MGR = M AMBR = A	lanager authorized Member		No.
- <u>Title</u>	<u>Name</u>	Address 21 t	MAY 27 MI 9: 51 Type of Action
AMBR	TRAVANTE BAKER	831 PALM COVE DRIVE	, Add
		ORLANDO, FL 32835	Remove
AMBR	CHRISTINA MARTIN	831 PALM COVE DR	IVE Add
		ORLANDO, FL 32835	Remove
			Change
<u>·</u>			
			Remove
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to da ote: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
1cd 5 4 2021 2021	

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Filing Fee: \$25.00