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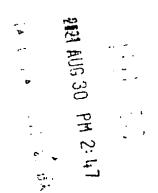
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

| SHRIECT, Buildwell  | Construction Services LLC                    | ·   |   |
|---|--|---|---|
| Jobshett.   |  | nited Liability Company   |   |
| 77  |  |   |   |
| The enclosed Articles of  | f Amendment and fee(s) are sul               | bmitted for filing.   |   |
| Please return all corresp   | ondence concerning this matter               | r to the following:   |   |
|   | Michael Grimo                                |   |   |
|   |  | Name of Person  |   |
|   | Buildwell Construction Se                    | rvices LLC  |   |
|   |  | Firm/Company  | <del></del>   |
|   | 1956 W Marsten Ct                            |   |   |
|   | <del> </del>                                 | Address   | <del>-</del>  |
|   | Lecanto, FL 34461                            |   |   |
|   |  | City/State and Zip Code   | <u> </u>  |
|   | mikegrimo@hotmail.com                        | ,   |   |
|   | E-mail address: (                            | to be used for future annual report noti  | fication)   |
| For further information of  | concerning this matter, please c             | all:  |   |
| Michael Grimo   |  | at ( 352 ) 642-3457   |   |
| Name o  | f Person                                     |   | e Telephone Number  |
| Enclosed is a check for the   | he following amount:                         |   |   |
| ■ \$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.<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I | Section<br>orporations<br>7                  | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL | porations<br>'allahassee<br>e Street, Suite 810   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Buildwell Construction Services LLC   |  |                                       |                                 |  |
|---|--|---------------------------------------|---------------------------------|--|
| (Name of the Limited Liability Comp<br>(A Florida Limited   | any as it now appear<br>Liability Company) | s on our records.)                    |                                 | -  |
| The Articles of Organization for this Limited Liability Company  L21000238323  Florida document number  | y were filed on                            | 05/21/2021                            | and                             | assigned                                     |
| This amendment is submitted to amend the following:   |  |                                       |                                 |  |
| A. If amending name, enter the new name of the limited lia  | bility company he                          | <u>re</u> :                           |                                 |  |
| The new name must be distinguishable and contain the words "Limited Liab  | ility Company," the de                     | signation "LLC" or t                  | he abbreviation                 | "L.L.C."                                     |
| Enter new principal offices address, if applicable:   |  |                                       |                                 |  |
| (Principal office address MUST BE A STREET ADDRESS)   |  |                                       | - 130<br>130                    | <u> </u>                                     |
|   |  |                                       |                                 | <u> </u>                                     |
|   |  |                                       | آنه<br>د<br>د                   | )<br>  |
| Enter new mailing address, if applicable:   |  |                                       |                                 | ,<br>  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |                                       |                                 | <u> </u>                                     |
|   |  |                                       | 4-                              | <u> </u>                                     |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:   | address on our re                          | cords, <u>enter the i</u>             | name of the r                   | iew register                                 |
| Name of New Registered Agent:   |  |                                       |                                 |  |
| New Registered Office Address:  |  |                                       |                                 |  |
|   | Enter Flori                                | da street address                     |                                 |  |
|   |  | , Florida                             | l                               | <u>.                                    </u> |
|   | City                                       |                                       | Zip Coa                         | le   |
| New Registered Agent's Signature, if changing Registered Agent  | =  |                                       |                                 |  |
| I hereby accept the appointment as registered agent and agrown or own of all statutes relative to the proper and complete accept the obligations of my position as registered agent as the being filed to merely reflect a change in the registered office company has been notified in writing of this change. | e performance of r<br>provided for in Ci   | ny duties, and La<br>hapter 605, F.S. | ım familiar v<br>Or, if this do | vith and cument is                           |
|   |  |                                       |                                 |  |

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>            | Address                 | Type of Action |
|--------------|------------------------|-------------------------|----------------|
| MGR          | Mimnagh, Christopher M | 3552 N Tamarisk Ave     |                |
|              |                        | Beverly Hills, FL 34465 | =Remove        |
|              |                        |                         | Change         |
|              | - <u></u>              |                         | □Add           |
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|  | <u> </u>                  |                    |                           |                              |
| touting duty if other than the de-   | to of filing.             |                    | (on                       | tional)                      |
| ective date, if other than the date to effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Depart | does not meet the appl    | icable statutory f | r more than 90 days after | er filing.) Pursuant to 605. |
| cord specifies a delayed effective do<br>s filed.  | ate, but not an effective | time, at 12:01 a.  | m. on the earlier of: (   | (b) The 90th day after       |
| August 21st  | 2021                      |                    |                           |                              |
| ted  | •                         | <del>_</del> ·     |                           |                              |
|  | MAR                       | 2                  | $\geq$                    |                              |
| _  |                           |                    |                           |                              |

Filing Fee: \$25.00