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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BUILD RIGHT CONSTRUCTION OF Limited Liability Con	voton UC.
The enclosed Articles of Amendment and fee(s) are submitted for filing	<u>z</u> .
Please return all correspondence concerning this matter to the following	g:
Adam Ca Roy Name of B Build Right Find/Con 3125 715+ Ch Address Lehigh Ach	t Construction UC Theet West The same of
City/State and	Zip Code 1 ACR CO TO
E-mail address: (to be used for fut	Zip Code SECRETARY S
For further information concerning this matter, please call: Deliver Person Area	39 910-089 = 5
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee &	
Mailing Address: 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

Buld Right Compa	NSTYUCTON ny as it now appears on our re- iability Company)	1 LLC	
The Articles of Organization for this Limited Liability Company Florida document number 1210002531	were filed or()()/() 2 +	1/202 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)		SEC 28	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		20CT 27 AM H CRETARY OF ST ALLAKASSEE	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>e</u>	nter the name of the new regi	stered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street a	ddress	_
	Cin.	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code	

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 = Manager

AMBR = Au	thorized Member		
Title AMBR	Benjamin Perri	Address 8670 Wesleyan Dr	Type of Action ☐ Add
		Fort Myers Fl 3391	Change
			□Add
			□ Remove
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tive date, if other than the date of filing:	(optional)
ffective date is listed, the date must be specific and cannot be prior to date of filing or If the date inserted in this block does not meet the applicable statutory fil	more than 90 days after filing.) Pursuant to 6
ment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 a.n	n on the continue of the The DOth does of
filed.	ii. On the earther of. (b) The soul day at
October 23 2022	
JUCIONAY L.J., TOTAL	
12/19/0	