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	egistration Secti ivision of Corpo			
SUBJECT	r: <u>Vincent</u>	Builders, LLC. Name of Limited	I Liability Company	
The enclo	sed Articles of Ar	mendment and fee(s) are submi	tted for filing.	
Please ret	am all correspond	lence concerning this matter to	the following:	
		Benjamin G	Name of Person	
		Vincent Build	ers LLC. Firm/Company	
		\$253 Squire		
		Pensacola, FL 3	325 14 City/State and Zip Code	
		Vincent Builders 7100 E-mail address: (to	be used for future annual report notificat	ion)
For furth	er information co	ncerning this matter, please cal	1:	
Beny	im C. V	Person	at (<u>&SO</u>) 450 23: Area Code Daytime Te	elephone Number
Enclosed	l is a check for th	e following amount:		00 WW 10
₫ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF ORGANIZATION	FII -
OF	1 1 1 ED
Vincent Builders LLC. (Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	2022 JUN 29 PM 12: 27 SECRETARY OF STALL AHASSEE, TO THE
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.) TALLAHASSE OF ST
The Articles of Organization for this Limited Liability Company were filed on Olo C Florida document number <u>L21000265102</u>	and assigned
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 "L.L.C."
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, agent and/or the new registered office address here:	enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street	address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
AMBR	Shawn Anthony Vincent	4817 Friendly St. Pace, FL 325	571 ® Add
			□Remove
			□Change
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an eff lote:	ve date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	ed.
d is fil	June 27 . 2022.
d is fil	June 27 . 2022.
d is fil	