121000302336

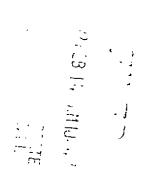
(Re	questor's Name)
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	TIAW	MAIL
(Bu	isiness Entity Na	ame)
(Do	ocument Number	r)
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	
		Q. SILAS
	ŀ	- E명 25 2022

Office Use Only



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COVER LETTER

Division of Cor			
SUBJECT: AM	BUILDERS	LLC	·
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Anthony	Manao	
	J	Name of Person	
		Firm/Company	
	ο σ ΄ Λ	- I	
	2056 Anne C	Address	
		Address	
	South Daytor	City/State and Zip Code	
	anthony		****
	E-mail address: (Mango Wahoo. C	fication)
For further information co	oncerning this matter, please ca	all:	
A 11 . A			
Anthony May	140	at (<u>386</u>) <u>366</u> - Area Code Daytin	3346
Name of	Rerson	Area Code Daytin	e Telephone Number
Enclosed is a check for th	e 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. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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.

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:

or remov	ea ironi our records.		
MGR =	Manager		
	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
			□Add
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			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove

Page 2 of 3

Note:	tive date, if other than the date of filing:
the re) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
	2///2022
Dated	2/6/2022
Dated	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Dated	Signature of a member of authorized representative of a member

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Filing Fee: \$25.00