# L21000417795

	(Requesto	r's Name)		
<del></del>	(Address)			
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	(Address)			<del></del>
	(City/State	Zip/Phone #	tı	
	(511)	, <u> </u>	,	
PICK-UP		WAIT		MAIL
	(Business	Entity Name)	)	
	_			
	(Documen	t Number)		
Certified Copies	_	Certificates	of Status	s
Special Instructions to	Filing Office	er:		}
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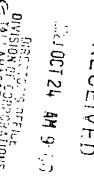
Office Use Only



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### CT CORP

## (850) 656- 4724 3558 lakesore Drive

Tallahassee, FL 32312

10/24/2023

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	ng Florida LLC		
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	Country of Destination Number of Certs:	2823 OCT 24 PM 2: 40	CHAISTON ME LUGBORY FIRES CHORELYBE AUGUST OF STATE
Certified: Plain: COGS:		Email Address for Annual Report Not	ifications:
Amount:			
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#### **COVER LETTER**

TO: Registration Se Division of Cor					
CND Build	ing Florida LLC				
SUBJECT:	Name of Limi	ted Liability Company			
	Amendment and fee(s) are sub				
Please return all correspo	ndence concerning this matter	to the following:			
	Christopher N. Boloven				
		Name of Person			
		Firm/Company	<del></del>	202	C 1
	32900 Five Mile Road			2023 OCT 24 PM 12: 40	DISTRIBUTE OF CONFORMATIONS
		Address		121	, ,
	Livonia, Michigan 48154			<del>-</del>	777
		City/State and Zip Code	· <del></del>	:2	77.77
	cboloven@apexgroupcpa.co			10	
	E-mail address: (	to be used for future annual report no	tilication)		
For further information of	concerning this matter, please ca	all:			
Christopher N. Boloven		734 679-9820 at ( )			
Name o	of Person		ne Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre Registration Division of C	Section	Street Address: Registration S Division of Co	orporations		
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		City	Zip Co	te
	Plantation		_, Florida <u>33324</u>	
New Registered Office Address:	1200 South Pil	Enter Florida street (	nddress	
	1200 South Pie	ne Island Road		
Name of New Registered Agent:	C T Corporation System			
agent and/or the new registered office addre	ss here:			
B. If amending the registered agent and/or	registered office	address on our records, e	nter the name of the r	
			<u> </u>	<u>55</u> _ }
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)				
		Livonia, Michigan 48154		
D. de		32900 Five Mile Road		7 21
				2023 OCT 2
(Principal office address MUST BE A STREE	T ADDRESS)		······································	<del></del>
Enter new principal offices address, if applic				
The new name must be distinguishable and contain the v	vords "Limited Liabi	uity Company, the designation	LLC of the appreviation	L.I.C.
The new name must be distinguishable and contain the w	index t back and t lake	lity Company "the designation	"I.I.C" or the abbreviation	110"
A. If amending name, enter the new name o	f the limited liab	ility company here:		
This amendment is submitted to amend the following	owing:			
Florida document number L21000417795	<del>·</del> ·			
The Articles of Organization for this Limited L	iability Company	were filed on 9/21/2021	and a	ssigned
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our re Liability Company)	ecords.)	
CND Building Florida LLC				

#### 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

Rose Song, Assistant Secretary

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
MGR	Cole, Arthur R	33762 Schoolcraft Road, Livonia, MI 48150	🗆 Add
			≅Remove
			(]Change
MGR	Simmons, Brian J	33762 Schoolcraft Road, Livonia, MI 48150	□Add
			■Remove
			20 20 20 20 20 20 20
MGR	Nicolas, Jacqueline	32900 Five Mile Road, Livonia, MI 48154	2022 OCT 24
			□ RemovE 22 12: 13: 14: 15: 16: 16: 16: 16: 16: 16: 16: 16: 16: 16
			□Change
MGR	Boloven, Christopher N	32900 Five Mile Road, Livonia, MI 48154	□Add
			□ Remove
			© Change
MGR	Henaughen, Jeffrey	32900 Five Mile Road, Livonia, MI 48154	
			Rcmove
	`		🗷 Change
			🗆 Add
			□Remove

Change

Typed or printed name of signee